
DEPARTMENT OF
HEALTH AND HUMAN SERVICES
OFFICE OF THE
ASSISTANT SECRETARY FOR HEALTH

**Notice of Funding Opportunity: Family-Centered Approaches to Improving
Type 2 Diabetes Control and Prevention**

Opportunity Number: MP-CPI-21-001

Application Due Date:

July 13, 2021 at 6:00 PM Eastern

OVERVIEW

FEDERAL AGENCY NAME

Office of the Assistant Secretary for Health / Office of Minority Health

FUNDING OPPORTUNITY TITLE

Family-Centered Approaches to Improving Type 2 Diabetes Control and Prevention

ACTION

Notice

ANNOUNCEMENT TYPE

Initial Competitive Grant

FUNDING OPPORTUNITY NUMBER

MP-CPI-21-001

CFDA NUMBER AND PROGRAM:

93.137 Community Program to Improve Minority Health

DATES

Application Deadline: July 13, 2021 by 6:00 PM Eastern.

Technical Assistance: Webinar, May 20, 2021 at 3:00 PM Eastern.

EXECUTIVE SUMMARY

The Office of Minority Health announces the availability of funds for Fiscal Year (FY) 2021 grant(s) under the authority of 42 U.S.C. § 300u-6 (Section 1707 of the Public Health Service Act).

This notice solicits applications to fund projects that test interventions to identify family-centered factors that promote self-management and prevention of Type 2 diabetes among racial and ethnic minority and disadvantaged families who have a member(s) aged 12 and older with Type 2 diabetes. Through the testing of family-centered interventions, OMH expects the Family-Centered Approaches to Improving Type 2 Diabetes Control and Prevention initiative to identify specific family-centered factors (e.g., structural, instrumental, functional, cultural and social

needs) that affect patient self-management of diabetes (e.g., physical activity, healthy nutrition) and family members' health outcomes. The target population for the intervention is racial/ethnic minority and disadvantaged families with a family member(s) aged 12 and older with Type 2 diabetes. For the purposes of this notice, “family” also includes persons who may live in the same household as the individual with Type 2 diabetes.

Reducing and eliminating health disparities is a critical step toward promoting and achieving health equity. OMH expects awardees to address health disparities among racial and ethnic minority populations, to demonstrate the impact of those efforts on outcomes and the overarching goal of advancing health equity.

OMH anticipates the availability of an estimated \$1,500,000 for this funding opportunity to support approximately three to four awards of up to \$500,000 annually for a project period of up to two (2) years. For recipients that demonstrate statistically significant improvements in diabetes self-management outcomes, OMH will consider a limited, non-competitive continuation for a third year of funding to implement the project’s sustainability plan.

HHS/OASH encourages applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria, and other information in this funding announcement to ensure that its application complies with all requirements and instructions.

FUNDING OPPORTUNITY DETAILS

A. DATES

1. Application Deadline

Your application is due **July 13, 2021** by 6 p.m. Eastern Time. To receive consideration, you must submit your application electronically via Grants.gov no later than this due date and time. If you do not submit your application by the specified deadline, we will return it to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, HHS/Office of the Assistant Secretary for Health (OASH) Grants and Acquisitions Management (GAM) Division. To obtain an exemption, you must request one via email from the HHS/OASH/GAM,

and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (for example, GRANT#####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to OASH_Grants@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement. Failure to follow Grants.gov instructions to ensure software compatibility will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH GAM will only accept applications via alternate methods (hard copy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. If you receive an exemption, you must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hard copy paper via U.S. mail or other service or PDF via email) with an approved written exemption will be accepted. *See* Section F.8 ("Other Submission Requirements") for information on application submission mechanisms.

Executive Order 12372 comment due date: The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments. For more information on the SPOC see section F.6 Intergovernmental Review.

To ensure adequate time to submit your application successfully, HHS/OASH recommends that you register as early as possible in Grants.gov since the registration process can take up to one month. You must register an authorizing official for your organization. HHS/OASH does not determine your organization's authorizing official; your organization makes that designation. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

2. Technical Assistance

A technical assistance webinar for potential applicants will be held May 20, 2021 at 3:00 PM Eastern. Login details will be posted at <https://minorityhealth.hhs.gov>.

We recommend you review the entire announcement promptly so you can have any questions answered well in advance of the application due date. We also recommend you subscribe to this announcement in Grants.gov so you receive any amendments, question and answer documents, or other updates.

B. PROGRAM DESCRIPTION

The Office of the Assistant Secretary for Health (OASH) and the Office of Minority Health (OMH) announce the availability of funds for Fiscal Year (FY) 2021 under the authority of 42 U.S.C. § 300u-6 (Section 1707 of the Public Health Service Act). OMH is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities. Through its demonstration grants, OMH supports the identification of effective approaches for improving health outcomes with the ultimate goal of promoting dissemination and sustainability of these approaches.

The Family-Centered Approaches to Improving Type 2 Diabetes Control and Prevention initiative aligns with the OASH priority on the elimination of health disparities and the following objectives from the HHS Strategic Plan FY 2018-2022: (a) Objective 2.2: Prevent, treat, and control communicable diseases and chronic conditions; (b) Objective 4.4: Leverage translational research, dissemination and implementation science, and evaluation investments to support adoption of evidence-informed practices.¹

1. Background

This initiative is based on well-documented disparities in diabetes among racial and ethnic minority populations. The prevalence of diabetes in the U.S. has dramatically increased across all minority populations in the last several decades.² About 10% of the U.S. population has Type 2 diabetes.³ The prevalence of diagnosed diabetes is highest among American Indians/Alaska

Natives (14.7%), people of Hispanic origin (12.5%), and non-Hispanic Blacks (11.7%), followed by non-Hispanic Asians (9.2%) and non-Hispanic whites (7.5%).⁴ Type 2 diabetes also disproportionately affects racial and ethnic minority youth and young adults.⁵ The onset of Type 2 diabetes does not usually occur in children, thus this initiative focuses on individuals aged 12 and over. However, the youth population experienced a relative annual increase for Type 2 diabetes of 4.8% between 2011 and 2012.⁶ The American Diabetes Association reported that the estimated annual incidence of Type 2 diabetes in youth, between 2014 and 2015, reached about 5,800 of new cases.⁷

Self-management of diabetes refers to an individual's ability to take control of diabetes-related behaviors (e.g., engagement in physical activity and healthy eating), with the intention to improve health outcomes. In addition, self-management minimizes the impact of complications that are related to diabetes. The initiative is also grounded in emerging evidence that shows the involvement of family members in diabetes self-care and prevention interventions positively influences patients' self-management and diabetes outcomes.^{8,9} Individual (e.g., self-esteem, self-determination, self-confidence, attitudes, behaviors, and mental health issues) and social constraints (e.g., family, neighborhood, health care services, peers) influence the ability of racial and minority people with diabetes to engage in effective self-management (e.g., physical activity and healthy dietary behaviors).¹⁰ Individuals from racial and ethnic minority populations also face challenges adhering to diabetes self-management behaviors.^{11,12}

Family members may be instrumental helping patients with Type 2 diabetes adopt, tailor and sustain health behaviors that support effective self-management. For the purposes of this notice, "family" also includes persons who may live in the same household as the individual with Type 2 diabetes. Family engagement enhances psychosocial factors (i.e., self-efficacy, motivation, perceived social support, and spirituality) resulting in positive effects on a patient's feelings and inspiration toward diabetes self-management.^{13,14} In fact, aspects associated with family cohesion and family functioning could promote self-care behaviors in patients with diabetes.¹⁴ For instance, family participation in grocery shopping, meal preparation and encouragement for adherence to physical activity are instrumental factors that can support adherence to self-management practices.¹⁵

Within the cultural context, it is imperative that family-centered interventions consider behavioral and practice norms (e.g., language, food, music, and religion) of racial and ethnic minority populations that assist programs in achieving culturally responsiveness. Structural elements, including the type of family member, number of family members, and other quantifiable factors, have positively influenced diabetes self-management. For example, research has shown that family members living within the same household might have greater impact on patient's diabetes outcomes.¹⁴ In addition, instrumental factors, including the co-adoption of behavioral practices known to control diabetes in the patient, are effective in improving diabetes-related outcomes such as attaining/maintaining a healthy weight, reduced consumption of processed foods and sugar-sweetened beverages, engaging in regular physical activity, and meditation to reduce the impact of stress. In addition to improved patient outcomes, family participation in diabetes interventions has also been shown to improve family member health behaviors.¹⁴

Social needs such as neighborhood environment, economic stability, stable housing and access to quality education are key elements for promoting healthier lifestyles,¹⁵ especially among patient with Type 2 diabetes. As such, public health interventions using community health workers (CHWs) have been demonstrated to be effective in engaging racial and ethnic minority families in healthier lifestyles having significant positive effects on diabetes self-management.^{16,17} Today, the CHW model is well-recognized in providing culturally and linguistically competent health-related services in disadvantaged and vulnerable communities, especially to address disparities associated with diabetes.^{18,19}

In summary, family members are often seen as an encouraging support for racial and ethnic minority individuals to achieve positive diabetes outcomes. However, it is unclear how family involvement operates among racial and ethnic minority individuals with Type 2 diabetes and how those identified factors affect patient and family members' diabetes-related outcomes.

2. Expectations

- a. Develop and implement a disparity impact statement.

OMH expects recipients to develop a disparity impact statement using local data, whenever possible, to identify racial and ethnic minority populations at highest risk for health disparities relevant to this initiative. The disparity impact statement will provide the contextual and

measurement framework for ongoing monitoring and determining the impact of the project activities on outcomes and the overarching goal of advancing health equity. Disparity impact statements will be required within 30 days following the issuance of any award made under this announcement. The disparity impact statement requirement aligns with expectations related to Executive Order 13985 “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government” (<https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government>). See Appendix C – Disparity Impact Statement for details and resources.

b. Implement a family-centered intervention for individuals with Type 2 diabetes.

OMH expects recipients to implement evidence-based or evidence-informed interventions that include educational and behavioral components to engage family members in healthier practices that lead to a positive impact on a patient’s self-management of diabetes as a primary outcome. For the purposes of this notice, “family” also includes persons who may live in the same household as the individual with Type 2 diabetes. Recipients should implement culturally and linguistically appropriate family-centered interventions that aim to improve dietary habits and physical activity. The selected family-centered interventions should allow for the examination of the role of family-centered factors in improving outcomes (e.g., social needs interventions that involve CHWs or promotores de salud, cultural interventions that are culturally tailored/adapted for specific populations). OMH strongly encourages recipients to implement interventions that involve CHWs or promotores de salud.

Recipients should include racial and ethnic minority participants with Type 2 diabetes who are age 12 or older, but applicants may select interventions focused on specific age groups. OMH expects recipients to implement strategies within the family-centered intervention that retain participants in the program. Recipients should collaborate with other partners to implement the interventions, including institutions of higher education, local school districts, faith-based groups, community-based organizations, public health entities, and community health centers. OMH strongly encourages awardees to partner with Minority Serving Institutions, such as Hispanic Serving Institutions, Historically Black Colleges and Universities, and Tribal Colleges and Universities, to support workforce diversity and encourage a focus on racial and ethnic health disparities. See Appendix E - Minority Serving Institutions for a list of Minority Serving Institutions.

c. Identify family-centered factors that contribute to the intervention achieving improved diabetes self-management and outcomes.

Recipients should identify and document the family-centered factors that may affect the adoption of self-management activities and behaviors associated with improved diabetes outcomes. OMH expects recipients to assess factors including, but not limited to:

- Structural factors, including the type of family member, number of family members, and other quantifiable factors.
- Instrumental factors, such as the co-adoption of behavioral modifications known to control diabetes in the patient and known to prevent diabetes among those at risk, such as attaining/maintaining a healthy weight, reduced consumption of processed foods and sugar-sweetened beverages, engaging in regular physical activity, and meditation to reduce the impact of stress.
- Functional factors, including psychosocial constructs (e.g., self-efficacy, motivation, and perceived social support) that might result in positive effects on the patient's feelings and inspiration toward diabetes self-management.
- Cultural factors such as cultural beliefs, traditions, and norms as well as cultural identity.
- Factors associated with social needs such as neighborhood environment, economic stability, stable housing and access to quality education.

d. Implement a process and outcomes evaluation.

OMH expects projects to implement a rigorous evaluation to assess the impact of project activities. OMH expects recipients to implement a process and outcomes evaluation that assesses/demonstrates: 1) family-centered factors (e.g., structural, instrumental, functional, cultural, and social needs) that affect patient self-management of diabetes (e.g., physical activity, healthy nutrition) and family members' health outcomes; and 2) improvements in behavioral outcomes (e.g., adherence to diabetes medication, self-management, physical activity, reduction of sedentary behaviors and healthy dietary habits) in patients with Type 2 diabetes. OMH expects the recipient to:

- Use quantitative (e.g., experimental or quasi experimental), mixed-method approaches to evaluate outcomes.
- Assess degree of implementation and implementation barriers and facilitators when possible.
- Include valid and reliable assessment tools to measure the impact of the intervention on outcomes.
- Measure the adoption of diabetes self-management behaviors, including blood glucose checks and adherence to medication among patients with Type 2 diabetes.
- Measure dietary, physical activity and sedentary behaviors of patients and family members.
- Conduct baseline and outcome measurements in: the first two-week period prior to program intervention (baseline); the mid-term of the intervention; at the end of the intervention; and the 3-4 weeks after the end of the intervention (follow-up).
- Collect data to monitor ongoing implementation, and use the data to make continuous quality improvements to the project to ensure that high-quality programming and high-levels of participant engagement are maintained.

Recipients are expected to ensure that the evaluation plan is implemented at the beginning of the intervention in order to capture and document relevant actions that have an impact on outcomes. OMH expects the evaluator to be independent from the recipient organization.

e. Disseminate project findings.

OMH anticipates the project will give rise to new knowledge about the impact of family-centered factors and interventions to improve self-management in patients with Type 2 diabetes. The recipient should document project knowledge and findings, to include implementation process, lessons learned, successes and challenges. OMH expects the recipient to communicate and disseminate project knowledge and findings, to include dissemination to federal, state, territorial and tribal public health agencies; policymakers; community organizations; community members; and other stakeholders.

f. Plan for sustainability of successful interventions.

OMH expects recipients to develop an effective plan to sustain successful interventions after the award period. OMH expects successful projects (i.e., projects demonstrating significant differences in key outcomes) to begin implementing the sustainability plan in year 3.

C. AUTHORITY

42 U.S.C. § 300u-6 (Section 1707 of the Public Health Service Act).

D. FEDERAL AWARD INFORMATION

OMH intends to make funds available for competing grant awards. The final funding amount will not be determined until enactment of the FY 2021 federal budget.

We will fund awards in annual increments (budget periods) and generally for a period of performance up to three (3) years, with the third year focused on a transition to sustainability, although we may approve shorter periods of performance. Budget periods may also vary from the estimate indicated below due to timing of award issuance or other administrative factors. Funding for all approved budget periods beyond the first is generally level with the initial award amount and is contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the Government. **Consideration for a third year of funding under this initiative will also be contingent on demonstrating statistically significant improvements in diabetes self-management outcomes.**

Award Information

Estimated Federal Funds Available: \$ 1,500,000

Anticipated Number of Awards: 3-4

Award Ceiling (Federal Funds including indirect costs): \$ 500,000 per budget period

Award Floor (Federal Funds including indirect costs): none

Anticipated Start Date: September 15, 2021

Estimated Period of Performance: Not to exceed 3 years.*

Anticipated Initial Budget Period Length: 12 months

Type of Award: Grant

Type of Application Accepted: Electronic via Grants.gov ONLY unless an exemption is granted

* Note that each budget period is contingent upon availability of funds, satisfactory performance, and the best interests of the federal government following review of a non-competing continuation application. Consideration for a third year will also be contingent on demonstrating statistically significant improvements in diabetes self-management outcomes.

E. ELIGIBILITY INFORMATION

1. Eligible Applicants.

Any public or private nonprofit entity located in a State (which includes one of the 50 United States, District of Columbia, Commonwealth of Puerto Rico, U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands) is eligible to apply for an award under this announcement. Faith-based organizations and American Indian/Alaska Native/Native American (AI/AN/NA) organizations are eligible to apply. Examples include:

- State Governments
- County Governments
- City or township governments
- Special district governments
- Independent school districts
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Public Housing authorities/Indian housing authorities
- Native American tribal organizations (other than federally recognized tribal governments)
- Nonprofits having 501(c)(3) status with the IRS, other than institutions of higher education
- Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
- Private nonprofit institutions of higher education
- U.S. territories

2. Cost Sharing or Matching

You are not required to provide cost sharing or matching in your proposed budget. If you voluntarily include cost sharing in your application, you must include in your budget narrative a non-federal sources justification as described in Section F.3.b.1. Voluntary cost sharing is not expected for research applications. During the merit review of an application, cost sharing will only be considered in the overall review of the adequacy of the total proposed budget (Federal and non-Federal share) to support the project proposed.

3. Application Disqualification Criteria

If you successfully submit an application, we will screen it to ensure it meets the below requirements. If we determine your application fails to meet the criteria described below we will disqualify it, that is, we will **not** review it and will give it **no** further consideration.

- (a) You must submit your application electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by the date and time indicated in the DATES section (A.1) of this announcement.
- (b) If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.
- (c) HHS/OASH/GAM deems your application eligible according to section E.1 Eligible Applicants.
- (d) You must complete the required forms in the application package: SF-424, SF-424A, SF-424B, SF-LLL, and Project Abstract Summary.
- (e) Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.
- (f) Your Project Narrative must not exceed 50 pages. NOTE: The following items do not count toward the Project Narrative page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).
- (g) Your total application, including the Project Narrative plus Appendices, must not exceed 75 pages. NOTE: items listed in "(f)" immediately above do not count toward total page limit.
- (h) Your Federal funds request including indirect costs must not exceed the maximum indicated in Award Ceiling.
- (i) Your Federal funds request including indirect costs must not be below the minimum indicated in Award Floor.

F. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at <http://www.grants.gov/>. You can find it by searching on the CFDA number shown on page 2 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

OASH Grants and Acquisitions Management Division

Phone: 240-453-8822

Email: OASH_Grants@hhs.gov

2. Content and Form of Application Submission

a. Application Format

Your application must be prepared using the forms and information provided in the online application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section C. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in the Application Disqualification Criteria. Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete. If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5" X 11" paper by HHS/OASH/GAM, we will not review it. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easy to read.

You must double-space the Project Narrative pages.

You should use an easily readable typeface, such as Times New Roman or Arial. You *must* use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read.

b. Appendices Format

Your Appendices should include any specific documents outlined in Section F.3.c, under the heading “Appendices” in the Application Content section of this funding opportunity announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as résumés/CVs, organizational charts, tables, or letters of commitment may use formatting common to those documents, but the pages must be easy to read. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

c. Project Abstract Summary Format

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and program summary documents. If your project is funded, HHS may publish information from your form; therefore, do not include sensitive or proprietary information.

d. Budget Narrative Format

The Budget Narrative should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

3. Application Content

Successful applications will contain the following information:

a. Project Narrative Content

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether your project meets the minimum requirements for an award under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components: 1) Problem Statement; 2) Project Approach; 3) Organizational Capacity; 4) Evaluation Plan; 5) Dissemination Plan; and 6) Sustainability Plan.

1) Problem Statement

Describe the scope of the problem that will be addressed by the project including, the population(s) and geographic area of focus, including the disproportionate impact on racial and ethnic minority populations in the geographic area of focus. Submit a table, as described below in Appendices (Section F.3.c), outlining the population(s) of focus within the identified geographic area of focus using quantitative data, by race and ethnicity.

Describe in both quantitative and qualitative terms, the need for family-centered interventions to improve diabetes self-management in racial and ethnic minority and disadvantaged patients with Type 2 diabetes. Describe the diabetes-related disparities experienced by the population of focus, including prevalence and incidence of Type 2 diabetes, and access to, utilization of and outcomes from recent or current diabetes self-management or prevention programs.

Describe how the project will address health disparities among racial and ethnic minority populations to promote health equity, including the projected impact of project activities on these populations. Describe your approach for developing the disparity impact statement, including the identification of the disparate population(s). The approach for disparity impact statement development should include a description of how you will use program implementation data and apply the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) to support quality improvement and ensure the project is implemented in a culturally appropriate manner (<http://thinkculturalhealth.hhs.gov>).

2) Project Approach

(a) Goals, Objectives and Outcomes

Describe the overall project goals, annual short-term and long-term objectives. Provide a detailed description of the magnitude of impact on intervention outcomes and performance measure objectives for the proposed activities. SMART (specific, measurable, accurate, realistic and timely) objectives should include baseline data and quantifiable timeframes for achievement. Intervention objectives must describe the overall goals of the project rather than project activities. Goals must be ambitious and achievable in the project's timeframe/project period.

Clearly identify the measurable outcome(s) that will result from your project, and provide specific, quantified estimate of expected outcome(s). HHS/OASH will not fund any project that does not include measurable outcomes. In addition to discussion in the narrative, the proposal should describe how the applicant envisions the project will benefit the field, targeted population and society (i.e., significance of the project). A “measurable outcome” is an observable end-result that describes how a particular intervention benefits program participants. It demonstrates the “impact” of the intervention.

(b) Intervention Plan

Provide a clear description of the proposed family-centered intervention to improve diabetes self-management. Clearly explain the rationale for using a particular intervention, and present a clear connection between identified evidence gaps and needs and your proposed activities. Provide the evidence base for the effectiveness of the intervention in improving Type 2 diabetes outcomes. Describe specific strategies and practices to be used in the proposed intervention in relation to the problem and factor(s) to be addressed. Describe the health education, nutrition and physical activity components in the intervention. Describe how the proposed intervention is culturally and linguistically appropriate for the population of focus.

Describe your readiness to implement the family-centered intervention. Describe how the intervention will be carried out and the role(s) of any collaborating organizations or subrecipients. Indicate whether a partnership with a Minority Serving Institution (See Appendix E) or similar organization is included. Describe the approach for recruiting, enrolling and retaining intervention participants. Describe how you will ensure family member participation and address barriers to family engagement in the intervention and in healthy behaviors. In addition, identify any major barriers you might anticipate encountering and how the project will be able to overcome those barriers.

Describe the proposed approach for assessing the impact of and documenting family-centered factors (e.g., structural, instrumental, functional, cultural, and social needs) that could contribute to achieving positive health behaviors associated with improved diabetes self-management and outcomes.

(c) Work Plan

Provide a detailed summary of activities to be undertaken and how they will assist in achieving the project goals and objectives. The plan should describe the quality improvement approach that will be used to monitor and track progress on the project's tasks and objectives. The Work Plan should reflect, and be consistent with, the Project Narrative and Budget Narrative, and must cover all years of the project period. However, each year's activities should be fully attainable in one budget year. Applicants may propose multi-year activities, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. The Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

3) Organizational Capacity

Describe the organization's capacity to successfully implement the proposed project. Describe how your agency is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency, such as any current or previous relevant experience. Document significant experience working with the proposed population in the area of diabetes, specifically in implementing family-centered approaches with racial and ethnic minority and disadvantaged populations.

Provide a description of proposed program staff, including job descriptions for key personnel, qualifications, define role and responsibilities of each staff member with allocated percentage time each will commit to the project. Key personnel should include the Principal Investigator/Project Director and Evaluator. Clearly identify the individuals/organizations responsible for evaluation activities and that individual/organization's qualifications. Describe the relationship between your evaluator and your organization and the degree of independence the evaluator will have. Provide a description of duties for proposed consultants and volunteers, and statement of work for proposed subcontractors.

Describe partner agencies including the relationship/responsibilities as it relates to the project and the applicant organization. Include organizational charts of collaborative partners and describe how these organizations will interface with the applicant organization. Describe how you plan to communicate with collaborative partner organizations. To the extent possible, document the level of commitment of the partners as described below in the Appendices (Section F.3.c).

4) Evaluation Plan

Describe the evaluation approach that will be used to determine whether the project reached its population(s) of focus described in the Disparity Impact Statement. Describe how your evaluation will demonstrate the equity impact of the project on the disparate racial and ethnic minority populations and the identified health disparities. Submit a detailed logic model that demonstrates linkages between the disparity impact statement, objectives, activities and outcomes, as described below in Appendices (Section F.3.c).

Provide a process and outcomes evaluation plan for the project. The evaluation plan should describe the:

- Evaluation design in detail, and how your evaluation design will clearly establish whether project activities result in the intended outcome(s).
- Proposed measures/indicators to monitor and document key project outcome(s).
- Methods and frequency for data collection and how you will overcome any potential obstacles to data collection, including cultural and linguistic barriers.
- How your evaluation will assess/demonstrate:
 - family-centered factors (e.g., structural, instrumental, functional, cultural, and social needs) that affect patient self-management of diabetes (e.g., physical activity, healthy nutrition) and family members' health outcomes; and
 - improvements in behavioral outcomes (e.g., adherence to diabetes medication, self-management, physical activity,

reduction of sedentary behaviors and healthy dietary habits) in patients with Type 2 diabetes.

Describe how the resulting information will be used to inform uptake of family-centered activities. Describe how you will involve partners in evaluation activities. Describe any potential obstacles for implementing the performance evaluation and how those obstacles will be addressed.

Additional measures of program implementation, process or outcome measures not specified in this NOFO and deemed relevant by applicants to assessing successful implementation of the program should be described with respect to the logic model, showing the importance of those measures to assessing program implementation and/or equity impact.

5) Dissemination plan

Describe the method that will be used to document and disseminate the project's implementation process, findings, results, successes, challenges, and lessons learned during the period of performance in plain language to the target audience, the public, and other parties who may be interested in using the results of the project. All appropriate findings and products may be posted on an HHS/OMH sponsored website as determined by HHS/OMH.

6) Sustainability plan

Describe the high-level approach for how you will develop a sustainability plan, if the project is successful, that provides a concrete set of action steps necessary for beginning and maintaining elements of collaboration that contributed to successful outcomes after the award. Describe how you will identify key individuals and/or organization(s) whose support will be required in order to sustain activities and participants' enrollment. Describe the strategies for identifying and securing financial, staff and supervisory, and material resources that are to sustain and support continued implementation of successful intervention(s) beyond the end of the project. Describe existing collaborative partnerships with organizations that might embed the interventions(s) within their routine operations or provide other support for sustaining successful interventions.

b. Budget Narrative Content

You must complete the required budget forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF 424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs. You must indicate the method you are selecting for your indirect cost rate. See Indirect Costs below for further information.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance).

Please be sure to carefully review section F.7 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF 424A for the first year of the proposed project. Provide a budget justification, which includes explanatory text and line-item detail, for the first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years, provide a summary narrative and line item budget. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes. Note, **do not** include costs beyond the first budget year in the object class budget in box 6 of the SF- 424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget year.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and an explanation of how the result is cost effective. For example, if you are proposing to provide services to clients, you should describe how many clients are you expecting to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (when required) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Sample Budget Table

Object Class	Federal Funds Requested	Non-federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

Note, subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item not in Travel.

1) Object Class Descriptions and Required Justifications

(a) Personnel Description

Costs of staff salaries and wages, excluding benefits.

(b) Personnel Justification

Clearly identify the project director or principal investigator, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see Section F.7.2) Funding Restrictions, *Salary Rate Limitation* for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. Contractors and consultants should not be placed under this category.

Sample Personnel Table

Position Title and Full Name	Percent Time	Annual Salary	Federally-funded Salary	Non-federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

(c) Fringe Benefits Description

Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

(d) Fringe Benefits Justification:

Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

(e) Travel Description

Costs of travel by staff of the applicant organization only.

(f) Travel Justification

For each trip proposed for applicant organization staff only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. **Do not** include travel costs for subrecipients or contractors.

(g) Equipment Description

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. (Note: Acquisition cost means the cost of the asset including the cost to ready the asset for its intended use. Acquisition cost for equipment, for example, means the net invoice price of the equipment, including the cost of any modifications, attachments, accessories, or

auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Acquisition costs for software includes those development costs capitalized in accordance with generally accepted accounting principles (GAAP). Ancillary charges, such as taxes, duty, protective in transit insurance, freight, and installation may be included in or excluded from the acquisition cost in accordance with the non- Federal entity's regular accounting practices.) See 45 C.F.R. § 75.2 for additional information.

(h) Equipment Justification

For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

(i) Supplies Description

Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

(j) Supplies Justification

Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

(k) Contractual Description

Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

(l) Contractual Justification

Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are

required to use 45 CFR § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134 and currently set at \$250,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Note: Whenever you intend to delegate part of the project to another agency, you must provide a detailed budget and budget narrative for each subrecipient/contractor, by agency title, along with the same supporting information referred to in these instructions. If you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, you must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

(m) Other Description

Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

(n) Other Justification

Provide computations, a narrative description, and a justification for each cost under this category.

(o) Indirect Costs Description

Total amount of indirect costs. This category has one of two methods that you may select. You may only select one.

- i. Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.

- ii. Per 45 CFR § 75.414(f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”
- This method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis rate. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

(p) Indirect Costs Justification

Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

(q) Program Income Description

Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 CFR §§ 75.307, 75.407 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

(r) Program Income Justification

Describe and estimate the sources and amounts of program income that this project may generate if funded. Unless being used for cost sharing, if applicable, these funds should not be added to your budget. This amount should be reflected in box 7 of the SF-424A.

(s) Non-Federal Resources Description

Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 CFR § 75.306.

For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period or by period of performance for fully-funded awards, even if the justification by budget period, or by period of performance for fully-funded awards, exceeds the amount required. Your failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports.

For awards that do not require matching or cost sharing by statute or regulation, where "cost sharing" refers to costs of a project in addition to Federal funds requested that you voluntarily propose in your budget, if your application is successful, we will include this non-federal cost sharing in the approved project budget and you will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). Your failure to provide voluntary cost sharing of non-federal resources that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. Note, you will not receive any preference, priority, or special consideration in the funding process for voluntarily including non-Federal cost sharing in your proposed budget.

(t) Non-federal Resources Justification

You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by period of performance for fully-funded awards). If your application does not include the required supporting documentation for required or voluntary cost-sharing or matching, it will be disqualified from competitive review.

2) Plan for Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations. Include identification of risks specific to your project as proposed and how your oversight plan addresses these risks.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.
- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Grants and Acquisitions Management Division via the Payment Management System as well as timely and appropriate withdrawal of cash from the Payment Management System.

If your internal controls are available online, you may provide the link as part of your plan in the budget narrative. We have also included in Appendix D which contains questions applicants may find useful in considering their Plan for Oversight of Federal Funds.

c. Appendices

All items described in this section will count toward the total page limit of your application. You must submit them as a **single electronic file** uploaded to the Attachments section of your Grants.gov application.

1) Supplemental Information/Supporting Documentation for Work Plan

If needed, include supplemental information or supporting documentation for your work plan.

2) Project Population(s) of Focus

Submit a table outlining the population(s) of focus within the identified geographic area of focus using quantitative data. The data should include racial/ethnic minority populations.

3) Organizational Chart

You must submit with its application an organizational chart that shows the relationship of the project to the current organization. All personnel involved in the program (paid and/or volunteer) should be included in the organizational chart. The organizational chart should clearly delineate the implementation roles and responsibilities of both the applicant organization and each partner organization. The organizational chart should make clear the unique contributions of each organization to the intervention and/or evaluation.

4) Memorandum(s) of Agreement and/or Letters of Commitment (LOC) from Subrecipient Organizations and Agencies

You should include a signed Memorandum of Agreement (MOA) for all organizations and entities that have been specifically named as a subrecipient to carry out any aspect of the project. The signed MOA must clearly detail the specific role and resources (including in-kind) that each entity will bring to the project; state the duration and terms of the agreement; cover the entire project period; and be signed by an authorized representative. The organization's expertise, experience, and access to the targeted population(s) should also be described in the MOA.

Memorandum of Agreements are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. You should NOT provide letters of support, and letters of support such as this will not be considered during the review.

5) Curriculum Vitae/Résumé for Key Project Personnel

You must submit with your application curriculum vitae and/or résumés of the Project Director/Principal Investigator, Evaluator and all other Key Personnel. Key Personnel includes those individuals who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of your organization's program. This includes at a minimum Program Manager/Program Coordinator. We encourage individuals to use their full name (first, middle, last) on these documents to distinguish them for verification in the System for Award Management exclusion records.

6) Logic Model

You must submit with your application a Logic Model that specifies and describes the program theory to be employed in the intervention. All program objectives, activities and outcomes must be reflected in the logic model and demonstrate that the proposed project reflects a coherent approach.

7) Just in Time Institutional Review Board Agreement

You must submit with the application a signed letter by the authorized official assuring that, if funded, you will submit an application to an Institutional Review Board for approval.

Recipients must comply with all HHS regulations, including those governing protection of human subjects. You may find more information online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

To the extent the HHS regulation governing protection of human subjects applies, IRB approval is required prior to beginning any work with human subjects (Subpart A of 45 CFR Part 46).

4. Unique Entity Identifier and System for Award Management (SAM)

You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal awards through Grants.gov. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is free and easy to obtain.

You will find instructions on the Grants.Gov web site as part of the organization registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>.

Your organization must register online in the System for Award Management (SAM). Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.

If you are registering a new entity or renewing your registration, you must submit a notarized letter formally appointing an Entity Administrator to SAM.GOV For detailed instructions on the content of the letter and process for domestic entities see: https://www.fsd.gov/gsafsd_sp?id=kb_article_view&sysparm_article=KB0020386&sys_kb_id=44b59da51b9ea01005f9a93ce54bcbe2&spa=1.

A quick start guide for registrants is available at https://www.sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf. You should allow a minimum of five days to complete an initial SAM registration. Allow up to 10 business days after you submit your registration for it to be active in SAM. This timeframe may be longer if SAM flags the information you provide for manual validation. You will receive an email alerting you when your registration is active.

If your organization is already registered in SAM, you must renew your SAM registration each year. Organizations registered to apply for Federal awards through <http://www.grants.gov> will need to renew their registration in SAM.

You should make sure your SAM registration information is accurate, especially your organization's legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this information must be included on a Notice of Award. For instructions on updating this information see

[https://www.sam.gov/SAM/transcript/Quick Guide for Updating or Renewing SAM Registrations.pdf](https://www.sam.gov/SAM/transcript/Quick_Guide_for_Updating_or_Renewing_SAM_Registrations.pdf).

It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.

If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 CFR § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time you, the recipient, make a sub-award.

5. Submission Dates and Times

You must submit your application for this funding opportunity by **the date and time indicated in Section A.1 of this announcement**. Your submission time will be determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov>. Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. **As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.**

6. Intergovernmental Review

Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.” As soon as possible, you should discuss the project with the State Single Point of Contact (SPOC) for the State in which your organization is located. The current listing of the SPOCs is available at <https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf>.

The SPOC should forward any comments to the Department of Health and Human Services 1101 Wootton Parkway, Plaza Level, Rockville, MD 20852. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Grants and Acquisitions Management Division at 240-453-8822.

7. Funding Restrictions

Direct and Indirect Costs proposed and, if successful, charged to the HHS/OASH award must meet the cost requirements of 45 CFR part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles. These requirements apply to you, the applicant, and any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

Indirect costs may be included per 45 CFR § 75.414. See the Budget Narrative section of this announcement for more information. To obtain a negotiated indirect cost rate with the Federal

Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at <https://rates.psc.gov/fms/dca/map1.html>.

a. Pre-Award Costs

Pre-award costs (per 45 CFR § 75.458) are those incurred prior to the effective date of the Federal award directly pursuant to the negotiation and in anticipation of the Federal award where such costs are necessary for efficient and timely performance of the scope of work. Such costs are allowable only to the extent that they would have been allowable if incurred after the date of the Federal award and only with the written approval of the HHS awarding agency.

Pre-award costs are NOT allowed.

b. Salary Rate Limitation:

Each year’s appropriations act limits the salary rate that we may award and you may charge to HHS/OASH grants and cooperative agreements. You should not budget award funds to pay the salary of an individual at a rate in excess of Federal Executive Pay Scale Executive Level II. As of January 2021, the Executive Level II salary is \$199,300. This amount reflects an individual’s base salary exclusive of fringe benefits and any income that an individual working on the award project may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

An example of the application of this limitation for an individual devoting 50% of their time to this award is broken down below:

Individual’s <i>actual</i> base full time salary: \$350,000 50% of time devoted to project, i.e., 0.5 FTE	
Direct salary (\$350,000 x 0.5)	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750

Amount that may be claimed on the application budget due to the legislative salary rate limitation:	
Individual's base full time salary <i>adjusted</i> to Executive Level II: \$199,300 with 50% of time devoted to the project	
Direct salary (\$199,300 x 0.5)	\$99,650
Fringe (25% of salary)	\$24,913
Total amount allowed	\$124,563

Appropriate salary rate limits will apply as required by law.

8. Other Submission Requirements

a. Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *will not* be accepted for review unless you receive an exemption as described in the DATES section of this announcement.

You may access the Grants.gov website portal at <http://www.grants.gov>.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. HHS/OASH strongly recommends that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission you may prevent any

unintentional formatting that might occur with submission of an editable document. Please note, even though Grants.gov allows you to attach any file format as part of your application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files. Unprotected information in the application will be forwarded for consideration but password protected portions will not. You should avoid submitting personally identifiable information such as personal contact information on résumés.

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed information in the application will not be forwarded for consideration.

You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to these instructions, we will exclude them from your application during the review process.

b. Important Grants.gov Information

You may access the electronic application for this program on <https://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. **You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.**

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Contacts below. See Section F.4 for requirements related to DUNS numbers and SAM registration.

G. APPLICATION REVIEW INFORMATION

1. Criteria

Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria

a. Problem Statement (10 points)

- The application will be assessed based on the extent to which the approach for developing a disparity impact statement addresses the:
 - Use of appropriate datasets to provide baseline, disaggregated data supporting the identification of population(s) of focus and related health disparities
 - Strategies to address the identified health disparities
 - Application of the National CLAS Standards in an ongoing quality improvement process to address the identified disparities
- How well does the applicant describe the problem? To what degree is the applicant's problem statement supported by data?
- To what extent has the applicant provided sufficient rationale for selection of the population(s) included in the project, including existing health disparities experienced by the population(s) of focus?

b. Project Approach

1) Goals, Objectives, and Outcomes (5 points)

- How specific, measurable, achievable, realistic and time-phased (SMART) are the proposed objectives?
- To what extent are the proposed outcome(s) feasible, measurable and unambiguously aligned with the program goals and objectives?

- To what extent does the applicant specify the magnitude of the expected impact of the family-centered factors and interventions on improving diabetes self-management and outcomes?

2) Intervention Plan (20 points)

- To what extent is/does the proposed intervention:
 - Family-centered?
 - Evidence-based or evidence-informed?
 - Focus on improving dietary habits and physical activity? Promote self-management and prevention of Type 2 diabetes?
 - Is culturally and linguistically appropriate, based on the needs of the identified population of focus?
 - Involve community health workers, promotores de salud or other community-based health representatives?
- How well-reasoned is the proposed approach for:
 - Ensuring inclusive participation of family members and participants?
 - Creating avenues for access for family members who typically would encounter barriers to engaging in healthier lifestyles (e.g., healthy eating, physical activity)?
 - Reducing or removing barriers (e.g., financial, transportation) that would prevent family members from successfully engaging in the intervention?
- How well-reasoned and appropriate are the strategies, methodology, and activities to accomplish the specific goal(s) and objectives of the intervention and to produce measurable outcomes?
- How feasible is the approach that will be used to monitor and track progress on the project's tasks and objectives?
- To what extent does the applicant address anticipated barriers to achieving the overall intervention goals and objectives?

- To what extent does the applicants show readiness to implement family-centered interventions to improve diabetes self-management in the population(s) of focus?
- How realistic and comprehensive is the proposed approach for recruiting, enrolling and retaining a sufficient number of participants to achieve the desired sample size necessary to demonstrate program impact?

3) Work Plan (10 points)

- How well does the project Work Plan reflect and is consistent with the Project Narrative and Budget?
 - How clearly and logically does the Work Plan state the project's overall result-based goals, anticipated outcomes, key objectives, and the major tasks/action steps that will be pursued to achieve the goal and outcome(s)?
 - How thoroughly does the Work Plan include components to evaluate progress toward achieving the applicant's stated goals and outcomes?
 - How feasible and specific are the Work Plan's specified timeframes (including start- and end-dates) to meet project goals and objectives? How clearly does the Work Plan identify the lead person (including partners/consultants) responsible for completing each task?
 - Does the evaluation section of the Work Plan establish clear, achievable data collection milestones?

c. Organizational Capability (15 points)

- How well does the relevant experience, expertise and capacity of the applicant organization as a whole and its partners align with the project goals, objectives, and likelihood of producing measurable outcomes in the project period?
- To what extent does the applicant demonstrate sufficient experience, expertise and capability of proposed key personnel and project staff to

successfully meet project goals and objectives? To what extent is there sufficient evaluation experience, expertise and capacity?

- To what extent does the applicant demonstrate that the evaluator will have a sufficient degree of independence from the applicant organization?
- How well does the applicant demonstrate readiness to implement the project and to demonstrate impact on outcomes within the project period?
- To what extent will the proposed partners contribute to the ability of the project to achieve its goals and objectives?
- To what extent does the applicant include partnership with a Minority Serving Institution or similar organization and describe the partner's involvement in project activities?
- To what extent do the applicant and any partner(s) demonstrate experience with and knowledge of cultural competence and the National CLAS Standards?

d. Evaluation Plan (25 points)

- To what extent did the applicant describe a feasible evaluation approach for determining whether the project reached its population/s of focus described in the Disparity Impact Statement?
- To what extent did the applicant describe a feasible and rigorous evaluation approach for effectively demonstrating any impact of the project on racial and ethnic minority populations and on health disparities?
- How appropriate are the proposed indicators/measures and how well will they clearly support the evaluation of the impact of the proposed project?
- To what extent does the evaluation plan include evaluation of all project components and aligns with the logic model?
- How well does the evaluation section of the Work Plan align with the evaluation narrative?

- To what extent does the evaluation plan specify rigorous and appropriate methods for assessing/demonstrating:
 - family-centered factors (e.g., structural, instrumental, functional, cultural, and social needs) that affect patient self-management of diabetes (e.g., physical activity, healthy nutrition) and family members' health outcomes; and
 - improvements in behavioral outcomes (e.g., adherence to diabetes medication, self-management, physical activity, reduction of sedentary behaviors and healthy dietary habits) in patients with Type 2 diabetes.
- e. Dissemination Plan (5 points)
- How feasible is the proposed approach for documenting and disseminating the project's implementation process, results, findings, successes, and lessons learned in a timely manner and in easily understandable formats to the population served, the general public, and other parties who might be interested in using the results of the project?
- f. Sustainability Plan (10 points)
- To what extent does the applicant describe a feasible high-level approach for how a sustainability plan will be developed to support continued implementation of successful interventions beyond the grant period?
 - How feasible are the applicant's strategies for securing policy, financial, staff and supervisory and/or material resources needed for continued implementation of successful interventions?
 - To what extent does the applicant document existing collaborative partnership with organizations that might embed the interventions(s) within their operations or provide other support for sustaining successful interventions?

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above .

An independent review panel will evaluate applications that meet the responsiveness criteria, if applicable, and are not disqualified. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

The Deputy Assistant Secretary for Minority Health will recommendations for funding to the Grants Management Officer conducting a risk analysis.

In making these decisions, the Deputy Assistant Secretary for Minority Health will take into consideration the following additional factor(s):

- Equitable geographic distribution of projects

3. Review of Risk Posed by Applicant

The HHS/OASH will evaluate, in accordance with 45 CFR § 75.205, each application recommended for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of eligibility or the quality of an application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis. OASH will use a risk-based approach and may consider any items such as the following:

- a. Your financial stability;
- b. Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;
- c. History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal

awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

d. Reports and findings from audits performed; and

e. Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$250,000), we are required to review and consider any information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk.

If we do not make an award to you because we determine your organization does not meet either or both of the minimum qualification standards as described in 45 CFR §75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. At a minimum, the information in the system if you are a prior Federal award recipient must “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 45 CFR § 75.205(a)(2); see also 45 CFR §75.212 for additional information.

4. Final Award Decisions, Anticipated Announcement, and Federal Award Dates

Upon completion of risk analysis and concurrence of the Grants Management Officer, HHS/OASH will issue Notices of Award. No award decision is final until a Notice of Award is issued. All award decisions, including level of funding if an award is made, are final and you may not appeal.

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later period of performance start date.

H. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

HHS/ OASH does not release information about individual applications during the review process. If you would like to track your application, please see instructions at <http://www.grants.gov/web/grants/applicants/track-my-application.html>. The official document notifying you that an application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH GAM. If you are successful, you will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount awarded, the purposes of the award, the anticipated length of the period of performance, terms and conditions of the award, and the amount of funding to be contributed by the recipient to project costs, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization’s information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the award for assistance and monitoring.

If you are unsuccessful or deemed ineligible according to the disqualification criteria, you will be notified by HHS/OASH by email and/or letter. If your application was reviewed by the independent review panel, you may receive summary comments pertaining to the application resulting from the review process. On occasion, you may receive a letter indicating that an application was approved but unfunded. These applications may be kept active for one year and may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>. Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR part 75.

You may only use award funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 CFR § 75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval include, but are not limited to: a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)); significant budget revisions, including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

3. Program Specific Terms and Conditions

Notices of award may include one or more of the following special conditions:

- a. Submission of all Institutional Review Board approvals prior to the start of any work requiring approval. (Section H.14)
- b. Submission of more detailed planning documents consistent with the project and budget narratives submitted in your application, including but not limited to:
 - 1) Updated Work Plan
 - 2) Disparity Impact Statement
 - 3) Updated Evaluation Plan

4. Closeout of Award

Upon expiration of your period of performance, if we do not receive acceptable final performance, financial, and/or cash reports in a timely fashion within the closeout period, and we determine that closeout cannot be completed with your cooperation or that of the Principal Investigator/ Project Director, we may elect to complete a unilateral closeout. (See H.14 Reporting below for closeout reporting requirements.) As a result, we may determine that enforcement actions are necessary, including on another existing or future award, such as withholding support or a high-risk designation.

5. Lobbying Prohibitions

You shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

6. Non-Discrimination Requirements

Pursuant to Federal civil rights laws, if you receive an award under this announcement you must not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. The HHS Office for Civil Rights provides guidance for complying with civil rights laws that prohibit discrimination. <https://www.hhs.gov/civil-rights/index.html>.

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf) You must ensure your contractors and subrecipients also comply with federal civil rights laws.

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for applicants to provide quality health care and services to culturally and linguistically

diverse communities, including persons with limited English proficiency. Compliance with the National CLAS Standards meets the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency.

7. Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

8. Acknowledgement of Funding

Each year's annual appropriation requires that when issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all organizations receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state—(1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

You must also acknowledge Federal support in any publication you develop using funds awarded under this program, with language such as:

This [project/publication/program/website, etc.] was supported by [Award Number] issued by the Office of the Assistant Secretary for Health of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by the OS/Office of Minority Health.

Recipients must also include a disclaimer stating the following

The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of, nor an endorsement, by the OS/Office of Minority Health, or the U.S. Government. For more information, please visit <https://minorityhealth.hhs.gov>.

9. HHS Rights to Materials and Data

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this award, and pursuant to 45 CFR § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

10. Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104) (<https://www.govinfo.gov/content/pkg/USCODE-2010-title22/html/USCODE-2010-title22-chap78-sec7104.htm>).

11. Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>

12. Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 CFR § 3.908 to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

13. Prohibition on certain telecommunications and video surveillance services or equipment.

As described in 2 CFR § 200.216, recipients and subrecipients are prohibited from obligating or spending grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- a. Procure or obtain;
- b. Extend or renew a contract to procure or obtain; or
- c. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - 1) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - 2) Telecommunications or video surveillance services provided by such entities or using such equipment.
 - 3) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation,

reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country.

14. Human Subjects Protection

Federal regulations (45 CFR Part 46) require that applications and proposals involving human subjects must be evaluated with reference to the risks to the subjects, the adequacy of protection against these risks, the potential benefits of the research to the subjects and others, and the importance of the knowledge gained or to be gained. If research involving human subjects is anticipated, you must meet the requirements of the HHS regulations to protect human subjects from research risks as specified in 45 CFR part 46. You may find it online at <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>.

Applicants that plan to engage in research involving human subjects are encouraged to provide information regarding participation in research in their recruitment efforts and provide a link to www.hhs.gov/about-research-participation.

OASH may require, as part of any award, the submission of all IRB approvals within 5 days of the IRB granting the approval and before any work requiring IRB approval begins.

15. Research Integrity

An applicant for or recipient of PHS support for biomedical or behavioral research, research training or activities related to that research or research training must comply with 42 C.F.R. part 93, including have written policies and procedures for addressing allegations of research misconduct that meet the requirements of part 93, file an Assurance of Compliance with the Office of Research Integrity (ORI), and take all reasonable and practical steps to foster research integrity consistent with 42 C.F.R. § 93.300. The assurance must state that the recipient (1) has written policies and procedures in compliance with this part for inquiring into and investigating allegations of research misconduct; and (2) complies with its own policies and procedures and the requirements of part 93. More information is available at <https://ori.hhs.gov/assurance-program>.

16. Reporting

a. Performance Reports

You must submit performance reports on a quarterly basis. Your performance reports must address content required by 45 CFR § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report. You must submit your performance reports by the due date indicated in the terms and conditions of your award via upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will also be required to submit a final performance report covering the entire period of performance 90 days after the end of the period of performance. You must submit the final report by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

b. Performance Measures

In addition to the submission of quarterly reports in our grants management system, OMH expects awardees to report program process and outcome data electronically to OMH on a quarterly basis. Performance process and outcome data allow OMH to evaluate the performance of its initiatives across awardees. All OMH awardees under this initiative are required to report project performance process and outcome data on a quarterly basis through Grant Solutions. No performance measure reporting will be required without OMB approval. Training will be provided to all new grantees on the collection and reporting of performance data during the Technical Assistance and Training grantee meeting.

Note: Recipients may be required to report project-related data in the Office of Minority Health's Performance Data System (PDS) (OMB No. 0990-0275, Expiration date 8/31/2022).

At the end of each quarter of this initiative, you should be able to:

- 1) Describe accomplishments and progress toward program purpose/strategies/interventions, including the disparity impact statement.
- 2) Summarize the status of the project's staffing situation.
- 3) Describe the role and activities of each partnering organization.
- 4) Describe accomplishments, current or anticipated problems, changes and progress on the evaluation plan.

c. Financial Reports

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. You will also be required to submit a final FFR covering the entire period of performance 90 days after the end of the period of performance. You must submit FFRs via HHS Payment Management System (PMS) (<https://pms.psc.gov>) FFR module. Quarterly cash reporting via PMS on the FFR is also required.

d. Audits

If your organization receives \$750,000 or greater in Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F.

e. Non-competing Continuation Applications and Awards

Each year of the approved period of performance, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Additionally, failure to provide final progress or financial reports on other awards from HHS may affect continuation funding.

f. FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

g. Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and

Integrity Information System (FAPIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 CFR part 75 —Award Term and Condition for Recipient Integrity and Performance Matters. This is a statutory requirement (41 U.S.C. § 2313). As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 CFR part 75

h. Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 CFR § 180.335, you as the participant must notify HHS/OASH, if you know that you or any of the principals for that covered transaction:

- Are presently excluded or disqualified;
- Have been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or
- Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 CFR § 180.350, you must give immediate written notice to HHS/OASH if you learn either that—

- You failed to disclose information earlier, as required by 2 CFR § 180.335; or
- Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.

I. CONTACTS

1. Administrative and Budgetary Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Duane Barlow

Grants and Acquisitions Management

1101 Wootton Parkway, Plaza Level

Rockville, MD 20852

Phone: 240-453-8822

Email: Duane.Barlow@hhs.gov

2. Program Requirements

For information on program requirements, please contact the program office representative listed below.

Alexander Vigo, PhD

1101 Wootton Parkway, Plaza Level

Rockville, MD 20852

Phone: 240-453-6159

Email: alexander.vigo@hhs.gov

3. Electronic Submission Requirements

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: www.grants.gov

Phone: 1-800-518-4726

Email: support@grants.gov

J. OTHER INFORMATION

1. Awards under this Announcement

We are not obligated to make any Federal award as a result of this announcement. If awards are made, they may be issued for periods shorter than indicated. Only the grants officer can bind the Federal government to the expenditure of funds. If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

2. Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

- Application for Federal Assistance (SF-424)
- Budget Information for Non-construction Programs (SF-424A)
- Assurances for Non-construction Programs (SF-424B)
- Disclosure of Lobbying Activities (SF-LLL)
- Project Abstract Summary
- Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.
- Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.
- Appendices – Submit all appendix content as a single acceptable file, specified above **in the Attachments section of your Grants.gov application.**
 - Supplemental Information/Supporting Documentation for Work Plan

- Project Population(s) of Focus
- Organizational Chart
- Memorandum(s) of Agreement and/or Letters of Commitment (LOC) from Partners and Subrecipient Organizations and Agencies
- Curriculum Vitae/Resume for Key Personnel
- Logic Model
- Just in Time Institutional Review Board Agreement

Felicia Collins, M.D., MPH

May 10, 2021

RADM Felicia Collins, MD, MPH
Deputy Assistant Secretary for Minority Health

Date

APPENDICES

A. REFERENCES

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B. GLOSSARY

For purposes of this announcement, the following definitions apply:

Community-Based Organization: A private, non-profit organization or a public organization, which may include a local or tribal government, that is representative of communities or significant segments of communities, and in which the control and decision-making powers are located at the community level.

Community Health Workers: Trained public health workers who serve as a bridge between communities, health care systems, and state health departments.

Disadvantaged: Refers to individuals or populations that are economically disadvantaged or environmentally disadvantaged.

Economically Disadvantaged refers to an individual who comes from a family with an annual income that does not exceed 200 percent of HHS's annual Poverty Guidelines.

Environmentally Disadvantaged refers to an individual who comes from an environment that has inhibited him/her from achieving optimal health based on factors associated with health disparities and poor health outcomes including, but not limited to, the following:

- Graduated from (or last attended) a high school from which 80% or less of students graduate with a diploma four years after starting 9th grade;
- Attends a school at which 50% or more of the enrolled students are eligible for free or reduced price lunches;
- Comes from a family that receives public assistance (e.g., Temporary Assistance to Needy Families [TANF], Supplemental Nutrition Assistance Program (SNAP), Medicaid, public housing);
- Is limited English proficient;
- Experiences housing quality, instability and/or affordability issues;
- Has limited access to health care (e.g. lack of insurance coverage, geographic isolation, lack of usual source of care, etc.);
- Is exposed to violence (e.g. violent crimes, interpersonal violence, community violence, etc.); or

- Experiences food insecurity.

Disparity Impact Statement: The demographic, cultural, and linguistic data that identify the population(s) in which health disparities exist and the quality improvement plan designed to address the noted disparities.

Evidence-Based: Programs, interventions or practices that produce positive effects on the primary targeted outcome, and these findings are reported in a peer-reviewed journal.

- Based on a theory of change that is documented in a clear logic or conceptual mode
- Similar in content and structure to interventions that appear in federal registries or evidence-based interventions and/or peer-reviewed journals
- Supported by documentation showing it has been effectively implemented in the past, multiple times, and attentive to scientific standards of evidence. The intervention results should show a consistent pattern of credible and positive effects.
- Reviewed and deemed appropriate by a panel of informed prevention experts that includes qualified prevention researchers in evaluating prevention interventions similar to those under review; local prevention professionals; and key community leaders, as appropriate (for example, law enforcement officials, educators, or elders within indigenous cultures).

Evidence-Informed: Practices that use the best available research and practice knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature.

Faith-Based Organization: An organization that has a faith, spiritual, or religious focus or constituency and has access to local faith, spiritual, and religious leaders and communities. Examples of faith-based organizations include individual churches, mosques, temples, or other worship places; a network or coalition of churches, mosques, temples, or other places of worship; or a community-based organization whose primary constituents are faith, spiritual, or religious community organizations or leaders.

Family-Centered Factors: Interventions that promote the improvement or achievement of specific health outcomes within the context of the family. Family-centered interventions assume that engaging family members in healthier practices can enhance the well-being of patients with Type 2 diabetes.

Health Disparity: A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Additional information can be found here: Healthy People, U.S. Department of Health and Human Services, <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Health Equity: The “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.” Additional information can be found here: Healthy People, U.S. Department of Health and Human Services, <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>.

Hispanic-Serving Institution: An institution of higher education that is an eligible institution; and has an enrollment of undergraduate full-time equivalent students that is at least 25 percent Hispanic students at the end of the award year immediately preceding the date of application.

Key Personnel: Individuals who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of the applicant/grantee organization's program. This includes, at a minimum, the Project Director, Principal Investigator, and Program Manager.

Logic Model: Tool for planning, implementing, and evaluating programmatic efforts by mapping out the theory or rationale supporting what is being done. Logic models typically tie together: long-term problem(s) to be addressed; factors that must be addressed that contribute to the problem(s); strategies, practices, and supporting resources that can be mobilized to address the

factors and the problems; and measurable impacts and outcomes that can be expected to result from implementing the strategies and practices-as these relate to the long-term problem(s).

Minority Serving Institution: Includes any of the following (as defined in the Higher Education Act) (19):

- a part B institution (a historically Black college or university) (§322 of the HEA, 20 U.S.C. §1061);

- a Hispanic-serving institution (§502 of the HEA, 20 U.S.C. §1101a);

- a Tribal College or University (§316 of the HEA, 20 U.S.C. §1059c);

- an Alaska Native-serving institution or a Native Hawaiian-serving institution (§317(b) of the HEA, 20 U.S.C. §1059d(b);

- a Predominantly Black Institution (§§318(b) and 371(c)(9) of the HEA; 20 U.S.C. §§ 1059e(b) and 1067q(c)(9));

- an Asian American and Native American Pacific Islander-serving institution (§§ 320(b) and 371(c)(2) of the HEA, 20 U.S.C. §§1059g(b) and 1067q(c)(2); or

- a Native American-serving nontribal institution (§§319(b) and 371(c)(8) of the HEA; 20 U.S.C. §§ 1059f(b) and 1067q(c)(8).

Find additional information on Minority Serving Institutions here: <https://www2.ed.gov/about/offices/list/ocr/edlite-minorityinst.html>.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care: A set of 15 action steps that provide guidance for providing health care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. Additional information can be found here: <https://thinkculturalhealth.hhs.gov/clas>.

Promotores de Salud: The Spanish term for “community health workers.” Also known as promotoras. The Hispanic community recognizes promotores de salud as lay health workers who work in Spanish-speaking communities.

Social Needs: Non-medical factors such as income, educational attainment, access to food and housing, and employment status that account for as much as 40 percent of health outcomes, depend

on an individual preferences and priorities, and emphasizes the individual's role in identifying and prioritizing social interventions to address the need.

Tribal Colleges and Universities: Tribal colleges are those institutions cited in section 532 of the Equity in Educational Land Grant Status Act of 1994 (7 U.S.C. 301 note), any other institution that qualifies for funding under the Tribally Controlled Community College Assistance Act of 1978 (25 U.S.C. 1801 et seq.), and Dine' College, authorized in the Navajo Community College Assistance Act of 1978, Public Law 95-471, title II (25 U.S.C. 640a note).

Type 2 Diabetes: Insulin deficiency in which metabolic mechanisms do not utilize insulin properly. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight, eating healthy food, and being active.

C. Disparity Impact Statement

OMH’s disparity impact strategy is a comprehensive data-driven approach for identifying and addressing health disparities to promote health equity for racial and ethnic minority populations. The disparity impact strategy aligns with expectations related to Executive Order 13985 “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government” (<https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government>). A ***Disparity Impact Statement*** refers to the demographic, cultural, and linguistic data that identify the population(s) in which health disparities exist and the quality improvement plan designed to address the noted disparities.

Agencies within the U.S. Department of Health and Human Services offer resources to support developing a Disparity Impact Statement, including the following:

- Building an Organizational Response to Health Disparities: Disparities Impact Statement (<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf>)
- Examples of Disparities Impact Statements (<https://www.samhsa.gov/grants/grants-management/disparity-impact-statement>)
- HDPulse — An Ecosystem of Minority Health and Health Disparities Resources (<https://www.nimhd.nih.gov/resources/hd-pulse.html>)

D. Considerations in Plans for Oversight of Federal Funds

To the maximum extent possible, the organization should segregate responsibilities for receipt and custody of cash and other assets; maintaining accounting records on the assets; and authorizing transactions. In the case of payroll activities, the organization, where possible, should segregate the timekeeping, payroll preparation, payroll approval, and payment functions.

Questions for consideration in developing a plan may include:

- Do the written internal controls provide for the segregation of responsibilities to provide an adequate system of checks and balances?
- Are specific officials designated to approve payrolls and other major transactions
- Does the time and accounting system track effort by cost objective?
- Are time distribution records maintained for all employees when his/her effort cannot be specifically identified to a particular program cost objective?
 - Do the procedures for cash receipts and disbursements include: Receipts are promptly logged in, restrictively endorsed, and deposited in an insured bank account?
 - Bank statements are promptly reconciled to the accounting records, and are reconciled by someone other than the individuals handling cash, disbursements and maintaining accounting records?
 - All disbursements (except petty cash or EFT disbursements) are made by pre-numbered checks?
 - Supporting documents (e.g., purchase orders, Invoices, etc.) accompany checks submitted for signature and are marked "paid" or otherwise prominently noted after payments are made?

2020 List of Minority Serving Institutions

This list is based on 2020 data from the U.S. Department of Education. It includes institutions that qualify for MSI funding and those receiving MSI funding

KEY

AANAPISI Asian American Native American Pacific Islander-Serving Institutions
 ANNH Native Hawaiian-Serving Institutions
 HBCU Historically Black Colleges & Universities
 HSI Hispanic Serving Institutions
 MSI Minority Serving Institution
 NASNTI Native American-Serving Non-Tribal Institutions

PBI Predominantly Black Institutions
 Pri Private
 Pub Public
 TCU Tribal Colleges and Universities

MSI Type	Institution	City	State/Territory	Type
ANNH	University of Alaska Fairbanks	Fairbanks	AK	Pub 4yr
ANNH	University of Alaska Southeast	Juneau	AK	Pub 4yr
ANNH & NASNTI	Alaska Christian College	Soldotna	AK	Pri 2yr
NASNTI	Alaska Pacific University	Anchorage	AK	Pri 4yr
TCU	Ilisagvik College	Barrow	AK	Pub 4yr
HBCU	Alabama Agricultural & Mechanical University	Normal	AL	Pub 4yr
HBCU	Alabama State University	Montgomery	AL	Pub 4yr
HBCU	Bishop State Community College	Mobile	AL	Pub 2yr
HBCU	Concordia College Alabama	Selma	AL	Pri 4yr
HBCU	Gadsden State Community College	Gadsden	AL	Pub 2yr
HBCU	H. Councill Trenholm State Community College	Montgomery	AL	Pub 2yr
HBCU	J. F. Drake State Community and Technical College	Huntsville	AL	Pub 2yr
HBCU	Lawson State Community College	Birmingham	AL	Pub 2yr
HBCU	Miles College	Fairfield	AL	Pri 4yr
HBCU	Oakwood University	Huntsville	AL	Pri 4yr
HBCU	Shelton State Community College	Tuscaloosa	AL	Pub 2yr
HBCU	Stillman College	Tuscaloosa	AL	Pri 4yr
HBCU	Talladega College	Talladega	AL	Pri 4yr
HBCU	Tuskegee University	Tuskegee	AL	Pri 4yr
PBI	Chattahoochee Valley Community College	Phenix City	AL	Pub 2yr
PBI	Faulkner University	Montgomery	AL	Pri 4yr
PBI	George Corley Wallace State Community College - Selma	Selma	AL	Pub 2yr
PBI	Herzing University - Birmingham	Birmingham	AL	Pri 4yr
PBI	Remington College - Mobile Campus	Mobile	AL	Pri 4yr
PBI	Selma University	Selma	AL	Pri 4yr
PBI	University of West Alabama	Livingston	AL	Pub 4yr
HBCU	Arkansas Baptist College	Little Rock	AR	Pri 4yr
HBCU	Philander Smith College	Little Rock	AR	Pri 4yr

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HBCU	Shorter College	N Little Rock	AR	Pri 2yr
HBCU	University of Arkansas at Pine Bluff	Pine Bluff	AR	Pub 4yr
HSI	Cossatot Community College of the University of Arkansas	De Queen	AR	Pub 2yr
PBI	Arkansas State University Mid-South	West Memphis	AR	Pub 2yr
PBI	Southeast Arkansas College	Pine Bluff	AR	Pub 2yr
AANAPISI & ANNH	American Samoa Community College	PagoPago	AS	Pub 4yr
ANNH & NASNTI	CollegeAmerica - Flagstaff	Flagstaff	AZ	Pri 4yr
HSI	Arizona State University	Phoenix	AZ	Pub 4yr
HSI	Arizona Western College	Yuma	AZ	Pub 2yr
HSI	Central Arizona College	Coolidge	AZ	Pub 2yr
HSI	CollegeAmerica - Phoenix	Phoenix	AZ	Pri 4yr
HSI	Estrella Mountain Community College	Avondale	AZ	Pub 2yr
HSI	GateWay Community College	Phoenix	AZ	Pub 2yr
HSI	Glendale Community College	Glendale	AZ	Pub 2yr
HSI	Mesa Community College	Mesa	AZ	Pub 2yr
HSI	Phoenix College	Phoenix	AZ	Pub 2yr
HSI	Pima County Community College	Tucson	AZ	Pub 2yr
HSI	South Mountain Community College	Phoenix	AZ	Pub 2yr
HSI	University of Arizona (The)	Sierra Vista	AZ	Pub 4yr
HSI	University of Arizona (The)	Tucson	AZ	Pub 4yr
NASNTI	Northland Pioneer College	Holbrook	AZ	Pub 2yr
TCU	Dine College	Tsaile	AZ	Pub 4yr
TCU	Tohono O'odham Community College	Sells	AZ	Pub 2yr
AANAPISI	American River College	Sacramento	CA	Pub 2yr
AANAPISI	Bethesda University	Anaheim	CA	Pri 4yr
AANAPISI	City College of San Francisco	San Francisco	CA	Pub 2yr
AANAPISI	Coastline Community College	Fountain Valley	CA	Pub 2yr
AANAPISI	Coleman University	San Diego	CA	Pri 4yr
AANAPISI	College of Alameda	Alameda	CA	Pub 2yr
AANAPISI	Evergreen Valley College	San Jose	CA	Pub 2yr
AANAPISI	Folsom Lake College	Folsom	CA	Pub 2yr
AANAPISI	Grace Mission University	Fullerton	CA	Pri 4yr
AANAPISI	Homestead Schools	Torrance	CA	Pri 4yr

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AANAPISI	Irvine Valley College	Irvine	CA	Pub 2yr
AANAPISI	Laney College	Oakland	CA	Pub 2yr
AANAPISI	Otis College of Art & Design	Los Angeles	CA	Pri 4yr
AANAPISI	Palo Alto University	Palo Alto	CA	Pri 4yr
AANAPISI	Presbyterian Theological Seminary in America	Santa Fe Springs	CA	Pri 4yr
AANAPISI	University of California, Davis	Davis	CA	Pub 4yr
AANAPISI	University of San Francisco	San Francisco	CA	Pri 4yr
AANAPISI	University of the Pacific	Stockton	CA	Pri 4yr
AANAPISI & HSI	Azusa Pacific University	Azusa	CA	Pri 4yr
AANAPISI & HSI	Berkeley City College	Berkeley	CA	Pub 2yr
AANAPISI & HSI	California College San Diego	San Diego	CA	Pri 4yr
AANAPISI & HSI	California State Polytechnic University, Pomona	Pomona	CA	Pub 4yr
AANAPISI & HSI	California State University - Sacramento	Sacramento	CA	Pub 4yr
AANAPISI & HSI	California State University, East Bay	Hayward	CA	Pub 4yr
AANAPISI & HSI	California State University, Los Angeles	Los Angeles	CA	Pub 4yr
AANAPISI & HSI	California State University, Stanislaus	Turlock	CA	Pub 4yr
AANAPISI & HSI	Casa Loma College	Van Nuys	CA	Pri 2yr
AANAPISI & HSI	Clovis Community College	Fresno	CA	Pub 2yr
AANAPISI & HSI	College of San Mateo	San Mateo	CA	Pub 2yr
AANAPISI & HSI	Contra Costa College	San Pablo	CA	Pub 2yr
AANAPISI & HSI	Cosumnes River College	Sacramento	CA	Pub 2yr
AANAPISI & HSI	Cypress College	Cypress	CA	Pub 4yr
AANAPISI & HSI	El Camino College	Torrance	CA	Pub 2yr
AANAPISI & HSI	Golden West College	Huntington Beach	CA	Pub 2yr
AANAPISI & HSI	Holy Names University	Oakland	CA	Pri 4yr
AANAPISI & HSI	Humphreys University	Stockton	CA	Pri 4yr
AANAPISI & HSI	Long Beach City College	Long Beach	CA	Pub 2yr
AANAPISI & HSI	Los Angeles City College	Los Angeles	CA	Pub 2yr
AANAPISI & HSI	Los Medanos College	Pittsburg	CA	Pub 2yr
AANAPISI & HSI	Merritt College	Oakland	CA	Pub 2yr
AANAPISI & HSI	Mission College	Santa Clara	CA	Pub 2yr
AANAPISI & HSI	Mount Saint Mary's University	Los Angeles	CA	Pri 4yr
AANAPISI & HSI	Mount San Antonio College	Walnut	CA	Pub 2yr

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AANAPISI & HSI	National University	La Jolla	CA	Pri 4yr
AANAPISI & HSI	Orange Coast College	Costa Mesa	CA	Pub 2yr
AANAPISI & HSI	Pacific Union College	Angwin	CA	Pri 4yr
AANAPISI & HSI	Saint Mary's College of California	Moraga	CA	Pri 4yr
AANAPISI & HSI	San Diego State University	San Diego	CA	Pub 4yr
AANAPISI & HSI	San Francisco State University	San Francisco	CA	Pub 4yr
AANAPISI & HSI	San Joaquin Delta College	Stockton	CA	Pub 2yr
AANAPISI & HSI	San Jose State University	San Jose	CA	Pub 4yr
AANAPISI & HSI	Solano Community College	Fairfield	CA	Pub 4yr
AANAPISI & HSI	University of California, Irvine	Irvine	CA	Pub 4yr
AANAPISI & HSI	University of California, Merced	Merced	CA	Pub 4yr
AANAPISI & HSI	University of California, Riverside	Riverside	CA	Pub 4yr
AANAPISI & HSI	Woodland Community College	Woodland	CA	Pub 2yr
AANAPISI & HSI	Yuba College	Marysville	CA	Pub 2yr
HSI	Allan Hancock College	Santa Maria	CA	Pub 2yr
HSI	Antelope Valley College	Lancaster	CA	Pub 4yr
HSI	Azusa Pacific University College	San Dimas	CA	Pri 4yr
HSI	Bakersfield College	Bakersfield	CA	Pub 4yr
HSI	Butte College	Oroville	CA	Pub 2yr
HSI	Cabrillo College	Aptos	CA	Pub 2yr
HSI	California Baptist University	Riverside	CA	Pri 4yr
HSI	California College San Diego	San Marcos	CA	Pri 4yr
HSI	California Lutheran University	Thousand Oaks	CA	Pri 4yr
HSI	California State University Channel Islands	Camarillo	CA	Pub 4yr
HSI	California State University, Bakersfield	Bakersfield	CA	Pub 4yr
HSI	California State University, Chico	Chico	CA	Pub 4yr
HSI	California State University, Dominguez Hills	Carson	CA	Pub 4yr
HSI	California State University, Fresno	Fresno	CA	Pub 4yr
HSI	California State University, Fullerton	Fullerton	CA	Pub 4yr
HSI	California State University, Long Beach	Long Beach	CA	Pub 4yr
HSI	California State University, Monterey Bay	Seaside	CA	Pub 4yr
HSI	California State University, Northridge	Northridge	CA	Pub 4yr
HSI	California State University, San Bernardino	San Bernardino	CA	Pub 4yr

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HSI	California State University, San Marcos	San Marcos	CA	Pub 4yr
HSI	Canada College	Redwood City	CA	Pub 2yr
HSI	Cerritos Community College	Norwalk	CA	Pub 2yr
HSI	Cerro Coso Community College	Ridgecrest	CA	Pub 2yr
HSI	Chabot College	Hayward	CA	Pub 2yr
HSI	Chaffey Community College	Rancho Cucamonga	CA	Pub 2yr
HSI	Citrus Community College	Glendora	CA	Pub 2yr
HSI	College of the Canyons	Santa Clarita	CA	Pub 2yr
HSI	College of the Desert	Palm Desert	CA	Pub 2yr
HSI	College of the Sequoias	Visalia	CA	Pub 2yr
HSI	Copper Mountain College	Joshua Tree	CA	Pub 2yr
HSI	Cuesta College	San Luis Obispo	CA	Pub 2yr
HSI	Cuyamaca College	El Cajon	CA	Pub 2yr
HSI	Diablo Valley College	Pleasant Hill	CA	Pub 2yr
HSI	East Los Angeles College	Monterey Park	CA	Pub 2yr
HSI	East San Gabriel Valley ROP and Technical Center	West Covina	CA	Pub 2yr
HSI	Fresno City College	Fresno	CA	Pub 2yr
HSI	Fresno Pacific University	Fresno	CA	Pri 4yr
HSI	Gavilan College	Gilroy	CA	Pub 2yr
HSI	Glendale Community College	Glendale	CA	Pub 2yr
HSI	Grossmont College	El Cajon	CA	Pub 2yr
HSI	Hartnell Community College	Salinas	CA	Pub 2yr
HSI	Hope International University	Fullerton	CA	Pri 4yr
HSI	Humboldt State University	Arcata	CA	Pub 4yr
HSI	Imperial Valley College	Imperial	CA	Pub 2yr
HSI	John F. Kennedy University	Pleasant Hill	CA	Pri 4yr
HSI	La Sierra University	Riverside	CA	Pri 4yr
HSI	Lake Tahoe Community College	South Lake Tahoe	CA	Pub 2yr
HSI	Las Positas College	Livermore	CA	Pub 2yr
HSI	Life Pacific College	San Dimas	CA	Pri 4yr
HSI	Los Angeles Harbor College	Wilmington	CA	Pub 2yr
HSI	Los Angeles Mission College	Sylmar	CA	Pub 2yr
HSI	Los Angeles ORT College - Van Nuys Campus	Van Nuys	CA	Pri 2yr

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HSI	Los Angeles Pierce College	Woodland Hills	CA	Pub 2yr
HSI	Los Angeles Trade - Technical College	Los Angeles	CA	Pub 2yr
HSI	Los Angeles Valley College	Valley Glen	CA	Pub 2yr
HSI	Marymount California University	Rancho Palos Verdes	CA	Pri 4yr
HSI	Mendocino College	Ukiah	CA	Pub 2yr
HSI	Mills College	Oakland	CA	Pri 4yr
HSI	Modesto Junior College	Modesto	CA	Pub 4yr
HSI	Monterey Peninsula College	Monterey	CA	Pub 2yr
HSI	Moorpark College	Moorpark	CA	Pub 2yr
HSI	Moreno Valley College	Moreno Valley	CA	Pub 2yr
HSI	Mt. San Jacinto College	San Jacinto	CA	Pub 2yr
HSI	Napa Valley College	Napa	CA	Pub 2yr
HSI	Norco College	Norco	CA	Pub 2yr
HSI	Notre Dame de Namur University	Belmont	CA	Pri 4yr
HSI	Oxnard College	Oxnard	CA	Pub 2yr
HSI	Palomar College	San Marcos	CA	Pub 2yr
HSI	Pasadena City College	Pasadena	CA	Pub 2yr
HSI	Porterville College	Porterville	CA	Pub 2yr
HSI	Reedley College	Reedley	CA	Pub 2yr
HSI	Rio Hondo Community College	Whittier	CA	Pub 4yr
HSI	Riverside City College	Riverside	CA	Pub 2yr
HSI	Sacramento City College	Sacramento	CA	Pub 2yr
HSI	Saddleback College	Mission Viejo	CA	Pub 2yr
HSI	San Bernardino Valley College	San Bernardino	CA	Pub 2yr
HSI	San Diego Christian College	Santee	CA	Pri 4yr
HSI	San Diego City College	San Diego	CA	Pub 2yr
HSI	San Diego Mesa College	San Diego	CA	Pub 4yr
HSI	San Jose City College	San Jose	CA	Pub 2yr
HSI	Santa Ana College	Santa Ana	CA	Pub 4yr
HSI	Santa Barbara City College	Santa Barbara	CA	Pub 2yr
HSI	Santa Monica College	Santa Monica	CA	Pub 4yr
HSI	Santa Rosa Junior College	Santa Rosa	CA	Pub 2yr
HSI	Santiago Canyon College	Orange	CA	Pub 2yr

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HSI	Sierra College	Rocklin	CA	Pub 2yr
HSI	Skyline College	San Bruno	CA	Pub 4yr
HSI	Sonoma State University	Rohnert Park	CA	Pub 4yr
HSI	Southwestern Community College District	Chula Vista	CA	Pub 2yr
HSI	Taft College	Taft	CA	Pub 2yr
HSI	University of California, Santa Barbara	Santa Barbara	CA	Pub 4yr
HSI	University of California, Santa Cruz	Santa Cruz	CA	Pub 4yr
HSI	University of La Verne	La Verne	CA	Pri 4yr
HSI	Vanguard University of Southern California	Costa Mesa	CA	Pri 4yr
HSI	Ventura College	Ventura	CA	Pub 2yr
HSI	Victor Valley Community College	Victorville	CA	Pub 2yr
HSI	West Hills College Lemoore	Lemoore	CA	Pub 2yr
HSI	West Hills Community College	Coalinga	CA	Pub 2yr
HSI	West Los Angeles College	Culver City	CA	Pub 4yr
HSI	Whittier College	Whittier	CA	Pri 4yr
HSI	Woodbury University	Burbank	CA	Pri 4yr
ANNH & NASNTI	Fort Lewis College	Durango	CO	Pub 4yr
HSI	Adams State University	Alamosa	CO	Pub 4yr
HSI	Colorado State University - Pueblo	Pueblo	CO	Pub 4yr
HSI	Community College of Aurora	Aurora	CO	Pub 2yr
HSI	Community College of Denver	Denver	CO	Pub 4yr
HSI	Lamar Community College	Lamar	CO	Pub 2yr
HSI	Metropolitan State University of Denver	Denver	CO	Pub 4yr
HSI	Morgan Community College	Fort Morgan	CO	Pub 2yr
HSI	Pueblo Community College	Pueblo	CO	Pub 4yr
HSI	Trinidad State Junior College	Trinidad	CO	Pub 2yr
AANAPISI	University of Connecticut - Hartford Campus	Hartford	CT	Pub 4yr
HSI	Capital Community College	Hartford	CT	Pub 2yr
HSI	Gateway Community College	New Haven	CT	Pub 2yr
HSI	Naugatuck Valley Community College	Waterbury	CT	Pub 2yr
HSI	Norwalk Community College	Norwalk	CT	Pub 2yr
HBCU	Howard University	Washington	DC	Pri 4yr
HBCU	University of the District of Columbia	Washington	DC	Pub 4yr

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PBI	Trinity Washington University	Washington	DC	Pri 4yr
HBCU	Delaware State University	Dover	DE	Pub 4yr
HBCU	Bethune Cookman University	Daytona Beach	FL	Pri 4yr
HBCU	Edward Waters College	Jacksonville	FL	Pri 4yr
HBCU	Florida Agricultural & Mechanical University	Tallahassee	FL	Pub 4yr
HBCU	Florida Memorial University	Miami Gardens	FL	Pri 4yr
HSI	Barry University	Miami	FL	Pri 4yr
HSI	Broward College	Fort Lauderdale	FL	Pub 4yr
HSI	Carlos Albizu University	Miami	FL	Pri 4yr
HSI	City College - Miami	Miami	FL	Pri 4yr
HSI	Florida Atlantic University	Boca Raton	FL	Pub 4yr
HSI	Florida International University	Miami	FL	Pub 4yr
HSI	Herzing University - Winter Park	Winter Park	FL	Pri 4yr
HSI	Hillsborough Community College	Tampa	FL	Pub 2yr
HSI	Hodges University	Naples	FL	Pri 4yr
HSI	Keiser University	Fort Lauderdale	FL	Pri 4yr
HSI	Miami Dade College	Miami	FL	Pub 4yr
HSI	Nova Southeastern University	Fort Lauderdale	FL	Pri 4yr
HSI	Palm Beach State College	Lake Worth	FL	Pub 4yr
HSI	Seminole State College of Florida	Sanford	FL	Pub 4yr
HSI	South Florida State College	Avon Park	FL	Pub 4yr
HSI	Trinity International University - Florida	Miramar	FL	Pri 4yr
HSI	Universidad Politecnica de Puerto Rico	Orlando	FL	Pri 4yr
HSI	Universidad Politecnica de Puerto Rico	Miami	FL	Pri 4yr
HSI	University of Central Florida	Orlando	FL	Pub 4yr
HSI	Valencia College	Orlando	FL	Pub 4yr
HSI & PBI	Altierus Career College	Tampa	FL	Pri 4yr
PBI	City College	Fort Lauderdale	FL	Pri 4yr
PBI	City College - Gainesville	Gainesville	FL	Pri 4yr
PBI	Everest University - Brandon	Tampa	FL	Pri 4yr
PBI	Everest University - South Orlando	Tampa	FL	Pri 4yr
PBI	Remington College - Heathrow Campus	Lake Mary	FL	Pri 4yr
PBI	University of Fort Lauderdale	Lauderhill	FL	Pri 4yr

2020 List of Minority Serving Institutions

This list is based on 2020 data from the U.S. Department of Education. It includes institutions that qualify for MSI funding and those receiving MSI funding.

MSI Type	Institution	City	State/Territory	Type
AANAPISI & ANNH	College of Micronesia - FSM	Pohnpei	FM	Pub 2yr
AANAPISI	Georgia Gwinnett College	Lawrenceville	GA	Pub 4yr
AANAPISI & PBI	Beulah Heights University	Atlanta	GA	Pri 4yr
AANAPISI & PBI	Georgia State University	Atlanta	GA	Pub 4yr
HBCU	Albany State University	Albany	GA	Pub 4yr
HBCU	Clark Atlanta University	Atlanta	GA	Pri 4yr
HBCU	Fort Valley State University	Fort Valley	GA	Pub 4yr
HBCU	Morehouse College	Atlanta	GA	Pri 4yr
HBCU	Paine College	Augusta	GA	Pri 4yr
HBCU	Savannah State University	Savannah	GA	Pub 4yr
HBCU	Spelman College	Atlanta	GA	Pri 4yr
HSI	Dalton State College	Dalton	GA	Pub 4yr
HSI & PBI	Altierus Career College - Norcross	Norcross	GA	Pri 2yr
PBI	Albany Technical College	Albany	GA	Pub 2yr
PBI	Atlanta Metropolitan State College	Atlanta	GA	Pub 4yr
PBI	Atlanta Technical College	Atlanta	GA	Pub 2yr
PBI	Augusta Technical College	Augusta	GA	Pub 2yr
PBI	Bainbridge State College	Bainbridge	GA	Pub 4yr
PBI	Central Georgia Technical College	Warner Robins	GA	Pub 2yr
PBI	Clayton State University	Morrow	GA	Pub 4yr
PBI	Columbus Technical College	Columbus	GA	Pub 2yr
PBI	East Georgia State College	Swainsboro	GA	Pub 4yr
PBI	Georgia Military College	Milledgeville	GA	Pub 4yr
PBI	Georgia Piedmont Technical College	Clarkston	GA	Pub 2yr
PBI	Georgia State University - Perimeter College	Atlanta	GA	Pub 2yr
PBI	Gupton - Jones College	Decatur	GA	Pri 2yr
PBI	Herzing University - Atlanta	Atlanta	GA	Pri 4yr
PBI	Oconee Fall Line Technical College	Sandersville	GA	Pub 2yr
PBI	Savannah Technical College	Savannah	GA	Pub 2yr
PBI	Shorter University - College of Adult & Professional Programs	Marietta	GA	Pri 4yr
PBI	South Georgia Technical College	Americus	GA	Pub 2yr
PBI	Southern Crescent Technical College	Griffin	GA	Pub 2yr
AANAPISI & ANNH	Pacific Islands University	Mangilao	GU	Pri 4yr

Appendix E. 2020 List of Minority Serving Institutions

This list is based on 2020 data from the U.S. Department of Education. It includes institutions that qualify for MSI funding and those receiving MSI funding.

MSI Type	Institution	City	State/Territory	Type
AANAPISI & ANNH	University of Guam	Mangilao	GU	Pub 4yr
AANAPISI	Hawaii Community College	Hilo	HI	Pub 2yr
AANAPISI	Hawaii Pacific University	Honolulu	HI	Pri 4yr
AANAPISI & ANNH	Honolulu Community College	Honolulu	HI	Pub 2yr
AANAPISI & ANNH	Kauai Community College	Lihue	HI	Pub 2yr
AANAPISI & ANNH	Pacific Rim Christian University	Honolulu	HI	Pri 4yr
AANAPISI & ANNH	Remington College - Honolulu Campus	Honolulu	HI	Pri 4yr
AANAPISI & ANNH	University of Hawaii at Hilo	Hilo	HI	Pub 4yr
ANNH	Chaminade University of Honolulu	Honolulu	HI	Pri 4yr
ANNH	Kapiolani Community College	Honolulu	HI	Pub 2yr
ANNH	Leeward Community College	Pearl City	HI	Pub 2yr
ANNH	University of Hawaii - West Oahu	Kapolei	HI	Pub 4yr
ANNH	University of Hawaii at Manoa	Honolulu	HI	Pub 4yr
ANNH	University of Hawaii Maui College	Kahului	HI	Pub 4yr
ANNH	Windward Community College	Kaneohe	HI	Pub 2yr
HSI	Stevens-Henager College	Idaho Falls	ID	Pri 4yr
AANAPISI	College of Du Page	Glen Ellyn	IL	Pub 2yr
AANAPISI	National University of Health Sciences (The)	Lombard	IL	Pri 4yr
AANAPISI	Oakton Community College	Des Plaines	IL	Pub 2yr
AANAPISI	Resurrection University	Chicago	IL	Pri 4yr
AANAPISI & HSI	University of Illinois at Chicago	Chicago	IL	Pub 4yr
HSI	American Academy of Art	Chicago	IL	Pri 4yr
HSI	Aurora University	Aurora	IL	Pri 4yr
HSI	City Colleges of Chicago Harry S Truman College	Chicago	IL	Pub 2yr
HSI	College of Lake County	Grayslake	IL	Pub 2yr
HSI	Concordia University	River Forest	IL	Pri 4yr
HSI	Dominican University	River Forest	IL	Pri 4yr
HSI	Harold Washington College	Chicago	IL	Pub 2yr
HSI	MacCormac College	Chicago	IL	Pri 2yr
HSI	Morton College	Cicero	IL	Pub 2yr
HSI	National Louis University	Chicago	IL	Pri 4yr
HSI	Northeastern Illinois University	Chicago	IL	Pub 4yr
HSI	Richard J Daley College - City Colleges of Chicago	Chicago	IL	Pub 2yr

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MSI Type	Institution	City	State/Territory	Type
HSI	Robert Morris University Illinois	Chicago	IL	Pri 4yr
HSI	Roosevelt University	Chicago	IL	Pri 4yr
HSI	Saint Augustine College	Chicago	IL	Pri 4yr
HSI	Saint Xavier University	Chicago	IL	Pri 4yr
HSI	Triton College	River Grove	IL	Pub 2yr
HSI	Waubensee Community College	Sugar Grove	IL	Pub 2yr
HSI	Wilbur Wright College	Chicago	IL	Pub 2yr
HSI & PBI	City Colleges of Chicago - Malcolm X College	Chicago	IL	Pub 2yr
PBI	Chicago State University	Chicago	IL	Pub 4yr
PBI	City Colleges of Chicago - Kennedy King College	Chicago	IL	Pub 2yr
PBI	East-West University	Chicago	IL	Pri 4yr
PBI	Lincoln College	Lincoln	IL	Pri 4yr
PBI	Olive-Harvey College	Chicago	IL	Pub 2yr
PBI	Prairie State College	Chicago Heights	IL	Pub 2yr
PBI	South Suburban College of Cook County	South Holland	IL	Pub 2yr
HSI	Calumet College of Saint Joseph	Whiting	IN	Pri 4yr
PBI	Martin University	Indianapolis	IN	Pri 4yr
HSI	Dodge City Community College	Dodge City	KS	Pub 2yr
HSI	Donnelly College	Kansas City	KS	Pri 4yr
HSI	Garden City Community College	Garden City	KS	Pub 2yr
HSI	Seward County Community College	Liberal	KS	Pub 2yr
TCU	Haskell Indian Nations University	Lawrence	KS	Pub 4yr
HBCU	Kentucky State University	Frankfort	KY	Pub 4yr
HBCU	Simmons College of Kentucky	Louisville	KY	Pri 4yr
HBCU	Dillard University	New Orleans	LA	Pri 4yr
HBCU	Grambling State University	Grambling	LA	Pub 4yr
HBCU	Southern University and Agricultural & Mechanical College at Baton Rouge	Baton Rouge	LA	Pub 4yr
HBCU	Southern University at New Orleans	New Orleans	LA	Pub 4yr
HBCU	Southern University at Shreveport - Bossier City	Shreveport	LA	Pub 2yr
HBCU	Xavier University of Louisiana	New Orleans	LA	Pri 4yr
PBI	Baton Rouge Community College	Baton Rouge	LA	Pub 2yr
PBI	Delgado Community College	New Orleans	LA	Pub 2yr
PBI	Herzing University - Kenner	Kenner	LA	Pri 4yr

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MSI Type	Institution	City	State/Territory	Type
PBI	Remington College - Baton Rouge Campus	Baton Rouge	LA	Pri 2yr
PBI	Remington College - Lafayette Campus	Lafayette	LA	Pri 2yr
PBI	Remington College - Shreveport Campus	Shreveport	LA	Pri 4yr
PBI	South Louisiana Community College	Lafayette	LA	Pub 2yr
AANAPISI	Benjamin Franklin Institute of Technology	Boston	MA	Pub 4yr
AANAPISI	Bunker Hill Community College	Boston	MA	Pub 2yr
AANAPISI	Middlesex Community College	Bedford	MA	Pub 2yr
AANAPISI	University of Massachusetts - Boston	Boston	MA	Pub 4yr
HSI	Cambridge College	Boston	MA	Pri 4yr
HSI	Holyoke Community College	Holyoke	MA	Pub 2yr
HSI	Northern Essex Community College	Haverhill	MA	Pub 2yr
HSI	Springfield Technical Community College	Springfield	MA	Pub 2yr
AANAPISI	Montgomery College	Rockville	MD	Pub 2yr
AANAPISI	University of Maryland - Baltimore County	Baltimore	MD	Pub 4yr
HBCU	Bowie State University	Bowie	MD	Pub 4yr
HBCU	Coppin State University	Baltimore	MD	Pub 4yr
HBCU	Morgan State University	Baltimore	MD	Pub 4yr
HBCU	University of Maryland - Eastern Shore	Princess Anne	MD	Pub 4yr
PBI	Faith Theological Seminary	Baltimore	MD	Pri 4yr
PBI	Prince George's Community College	Largo	MD	Pub 2yr
PBI	University of Baltimore	Baltimore	MD	Pub 4yr
PBI	Washington Adventist University	Takoma Park	MD	Pri 4yr
AANAPISI	Andrews University	Berrien Springs	MI	Pri 4yr
PBI	Wayne County Community College District	Detroit	MI	Pub 2yr
TCU	Bay Mills Community College	Brimley	MI	Pub 2yr
TCU	Keweenaw Bay Ojibwa Community College	Baraga	MI	Pub 2yr
TCU	Saginaw Chippewa Tribal College	Mount Pleasant	MI	Pub 2yr
AANAPISI	Century College	White Bear Lake	MN	Pub 2yr
AANAPISI	Herzing University - Minneapolis	Minneapolis	MN	Pri 4yr
AANAPISI	Metropolitan State University	Saint Paul	MN	Pub 4yr
AANAPISI	North Hennepin Community College	Brooklyn Park	MN	Pub 2yr
AANAPISI	Saint Paul College - A Community & Technical College	Saint Paul	MN	Pub 2yr
AANAPISI	St. Catherine University	Saint Paul	MN	Pri 4yr

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MSI Type	Institution	City	State/Territory	Type
AANAPISI	University of Minnesota - Twin Cities	Minneapolis	MN	Pub 4yr
NASNTI	University of Minnesota - Morris	Morris	MN	Pub 4yr
TCU	Fond du Lac Tribal & Community College	Cloquet	MN	Pub 2yr
TCU	Leech Lake Tribal College	Cass Lake	MN	Pub 2yr
TCU	White Earth Tribal and Community College	Mahnomen	MN	Pri 2yr
HBCU	Harris - Stowe State University	Saint Louis	MO	Pub 4yr
HBCU	Lincoln University	Jefferson City	MO	Pub 4yr
PBI	TechMission	Kansas City	MO	Pri 4yr
AANAPISI & ANNH	Northern Marianas College	Saipan	MP	Pub 4yr
HBCU	Alcorn State University	Alcorn State	MS	Pub 4yr
HBCU	Coahoma Community College	Clarksdale	MS	Pub 2yr
HBCU	Jackson State University	Jackson	MS	Pub 4yr
HBCU	Mississippi Valley State University	Itta Bena	MS	Pub 4yr
HBCU	Rust College	Holly Springs	MS	Pri 4yr
HBCU	Tougaloo College	Tougaloo	MS	Pri 4yr
PBI	Belhaven University	Jackson	MS	Pri 4yr
PBI	East Mississippi Community College	Scooba	MS	Pub 2yr
PBI	Hinds Community College	Raymond	MS	Pub 2yr
PBI	Holmes Community College	Goodman	MS	Pub 2yr
PBI	Meridian Community College	Meridian	MS	Pub 2yr
PBI	Mississippi Delta Community College	Moorhead	MS	Pub 2yr
PBI	Southeastern Baptist College	Laurel	MS	Pri 4yr
PBI	Southwest Mississippi Community College	Summit	MS	Pub 2yr
NASNTI	Montana State University - Northern	Havre	MT	Pub 4yr
TCU	Aaniih Nakoda College	Harlem	MT	Pub 2yr
TCU	Blackfeet Community College	Browning	MT	Pri 2yr
TCU	Chief Dull Knife College	Lame Deer	MT	Pub 2yr
TCU	Fort Peck Community College	Poplar	MT	Pub 2yr
TCU	Little Big Horn College	Crow Agency	MT	Pub 2yr
TCU	Salish Kootenai College	Pablo	MT	Pri 4yr
TCU	Stone Child College	Box Elder	MT	Pub 4yr
AANAPISI & ANNH	Pamlico Community College	Grantsboro	NC	Pub 2yr
ANNH & NASNTI	Robeson Community College	Lumberton	NC	Pub 2yr

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MSI Type	Institution	City	State/Territory	Type
HBCU	Bennett College	Greensboro	NC	Pri 4yr
HBCU	Elizabeth City State University	Elizabeth City	NC	Pub 4yr
HBCU	Fayetteville State University	Fayetteville	NC	Pub 4yr
HBCU	Johnson C Smith University	Charlotte	NC	Pri 4yr
HBCU	Livingstone College	Salisbury	NC	Pri 4yr
HBCU	North Carolina Agricultural & Technical State University	Greensboro	NC	Pub 4yr
HBCU	North Carolina Central University	Durham	NC	Pub 4yr
HBCU	Saint Augustine's University	Raleigh	NC	Pri 4yr
HBCU	Shaw University	Raleigh	NC	Pri 4yr
HBCU	Winston-Salem State University	Winston-Salem	NC	Pub 4yr
HSI	Sampson Community College	Clinton	NC	Pub 2yr
NASNTI	Bladen Community College	Dublin	NC	Pub 2yr
NASNTI	University of North Carolina at Pembroke	Pembroke	NC	Pub 4yr
PBI	Carolina College of Biblical Studies	Fayetteville	NC	Pri 4yr
PBI	Charlotte Christian College and Theological Seminary	Charlotte	NC	Pri 4yr
PBI	Chowan University	Murfreesboro	NC	Pri 4yr
PBI	Edgecombe Community College	Tarboro	NC	Pub 2yr
PBI	Halifax Community College	Weldon	NC	Pub 2yr
PBI	Johnson & Wales University - Charlotte	Charlotte	NC	Pri 4yr
PBI	North Carolina Wesleyan College	Rocky Mount	NC	Pri 4yr
TCU	Cankdeska Cikana (Little Hoop) Community College	Fort Totten	ND	Pub 2yr
TCU	Nueta Hidatsa Sahnish College	New Town	ND	Pub 4yr
TCU	Sitting Bull College	Fort Yates	ND	Pub 4yr
TCU	Turtle Mountain Community College	Belcourt	ND	Pri 4yr
TCU	United Tribes Technical College	Bismarck	ND	Pri 4yr
TCU	Little Priest Tribal College	Winnebago	NE	Pub 2yr
TCU	Nebraska Indian Community College	Macy	NE	Pub 2yr
AANAPISI & HSI	Rutgers, the State University of New Jersey	Newark	NJ	Pub 4yr
HSI	Bergen Community College	Paramus	NJ	Pub 2yr
HSI	College of Saint Elizabeth	Morristown	NJ	Pri 4yr
HSI	Cumberland County College	Vineland	NJ	Pub 2yr
HSI	Fairleigh Dickinson University	Teaneck	NJ	Pri 4yr
HSI	Felician University	Lodi	NJ	Pri 4yr

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MSI Type	Institution	City	State/Territory	Type
HSI	Hudson County Community College	Jersey City	NJ	Pub 2yr
HSI	Kean University	Union	NJ	Pub 4yr
HSI	Montclair State University	Montclair	NJ	Pub 4yr
HSI	New Jersey City University	Jersey City	NJ	Pub 4yr
HSI	Passaic County Community College	Paterson	NJ	Pub 2yr
HSI	Pillar College	Newark	NJ	Pri 4yr
HSI	Saint Peter's University	Jersey City	NJ	Pri 4yr
HSI	Union County College	Cranford	NJ	Pub 2yr
HSI	William Paterson University of New Jersey	Wayne	NJ	Pub 4yr
HSI & PBI	Bloomfield College	Bloomfield	NJ	Pri 4yr
HSI & PBI	Essex County College	Newark	NJ	Pub 2yr
ANNH & NASNTI	San Juan College	Farmington	NM	Pub 2yr
HSI	Central New Mexico Community College	Albuquerque	NM	Pub 2yr
HSI	Clovis Community College	Clovis	NM	Pub 2yr
HSI	Eastern New Mexico University	Ruidoso	NM	Pub 2yr
HSI	Eastern New Mexico University	Roswell	NM	Pub 2yr
HSI	Eastern New Mexico University	Portales	NM	Pub 4yr
HSI	Mesalands Community College	Tucumcari	NM	Pub 2yr
HSI	New Mexico Highlands University	Las Vegas	NM	Pub 4yr
HSI	New Mexico Institute of Mining & Technology	Socorro	NM	Pub 4yr
HSI	New Mexico State University	Las Cruces	NM	Pub 4yr
HSI	New Mexico State University	Grants	NM	Pub 2yr
HSI	New Mexico State University	Las Cruces	NM	Pub 2yr
HSI	New Mexico State University	Carlsbad	NM	Pub 2yr
HSI	New Mexico State University	Alamogordo	NM	Pub 2yr
HSI	Northern New Mexico College	Espanola	NM	Pub 4yr
HSI	Santa Fe Community College	Santa Fe	NM	Pub 2yr
HSI	University of New Mexico	Los Lunas	NM	Pub 2yr
HSI	University of New Mexico	Ranchos de Taos	NM	Pub 2yr
HSI	University of New Mexico	Albuquerque	NM	Pub 4yr
HSI	University of New Mexico	Los Alamos	NM	Pub 2yr
HSI	University of the Southwest	Hobbs	NM	Pri 4yr
HSI	Western New Mexico University	Silver City	NM	Pub 4yr

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MSI Type	Institution	City	State/Territory	Type
NASNTI	Eastern New Mexico University	Ruidoso	NM	Pub 2yr
NASNTI	New Mexico State University	Grants	NM	Pub 2yr
TCU	Institute of American Indian & Alaska Native Culture & Arts Development	Santa Fe	NM	Pub 4yr
TCU	Navajo Technical University	Crownpoint	NM	Pub 4yr
TCU	Southwestern Indian Polytechnic Institute	Albuquerque	NM	Pub 2yr
AANAPISI	University of Nevada - Las Vegas	Las Vegas	NV	Pub 4yr
AANAPISI & HSI	College of Southern Nevada	Las Vegas	NV	Pub 4yr
HSI	Nevada State College	Henderson	NV	Pub 4yr
HSI	Western Nevada College	Carson City	NV	Pub 4yr
AANAPISI	Adelphi University	Garden City	NY	Pri 4yr
AANAPISI	CUNY Bernard M. Baruch College	New York	NY	Pub 4yr
AANAPISI	CUNY Brooklyn College	Brooklyn	NY	Pub 4yr
AANAPISI	Kingsborough Community College/CUNY	Brooklyn	NY	Pub 2yr
AANAPISI	Long Island University	Brooklyn	NY	Pri 4yr
AANAPISI	New York College of Health Professions	Syosset	NY	Pri 4yr
AANAPISI	New York Institute of Technology	Old Westbury	NY	Pri 4yr
AANAPISI	Saint John's University	Queens	NY	Pri 4yr
AANAPISI & HSI	City College of New York - CUNY	New York	NY	Pub 4yr
AANAPISI & HSI	College of Staten Island/CUNY	Staten Island	NY	Pub 4yr
AANAPISI & HSI	CUNY Hunter College	New York	NY	Pub 4yr
AANAPISI & HSI	CUNY Queens College	Queens	NY	Pub 4yr
AANAPISI & HSI	Queensborough Community College - CUNY	Bayside	NY	Pub 2yr
AANAPISI & HSI	SUNY College at Old Westbury	Old Westbury	NY	Pub 4yr
HSI	American Musical & Dramatic Academy	New York	NY	Pri 4yr
HSI	Boricua College	New York	NY	Pri 4yr
HSI	College of Mount Saint Vincent	Bronx	NY	Pri 4yr
HSI	CUNY Borough of Manhattan Community College	New York	NY	Pub 2yr
HSI	CUNY Bronx Community College	Bronx	NY	Pub 2yr
HSI	CUNY John Jay College of Criminal Justice	New York	NY	Pub 4yr
HSI	CUNY LaGuardia Community College	Long Island City	NY	Pub 2yr
HSI	CUNY Lehman College	Bronx	NY	Pub 4yr
HSI	CUNY, Hostos Community College	Bronx	NY	Pub 2yr
HSI	Dominican College of Blauvelt	Orangeburg	NY	Pri 4yr

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MSI Type	Institution	City	State/Territory	Type
HSI	Long Island University - Riverhead	Riverhead	NY	Pri 4yr
HSI	Mercy College	Dobbs Ferry	NY	Pri 4yr
HSI	New York City College of Technology of the City University of New York	Brooklyn	NY	Pub 4yr
HSI	Nyack College	Nyack	NY	Pri 4yr
HSI	Orange County Community College	Middletown	NY	Pub 2yr
HSI	Rockland Community College	Suffern	NY	Pub 2yr
HSI	Stella and Charles Guttman Community College	New York	NY	Pub 2yr
HSI	SUNY Westchester Community College	Valhalla	NY	Pub 2yr
HSI	Vaughn College of Aeronautics and Technology	Flushing	NY	Pri 4yr
HSI & PBI	College of New Rochelle (The)	New Rochelle	NY	Pri 4yr
HSI & PBI	CUNY Graduate School & University Center	New York	NY	Pub 4yr
PBI	CUNY Medgar Evers College	Brooklyn	NY	Pub 4yr
PBI	CUNY York College	Jamaica	NY	Pub 4yr
PBI	Metropolitan College of New York	New York	NY	Pri 4yr
HBCU	Central State University	Wilberforce	OH	Pub 4yr
HBCU	Wilberforce University	Wilberforce	OH	Pri 4yr
HSI	Union Institute & University	Cincinnati	OH	Pri 4yr
PBI	Altierus Career College - Columbus	Gahanna	OH	Pri 2yr
PBI	Herzing University - Toledo	Toledo	OH	Pri 4yr
PBI	Remington College - Cleveland Campus	Cleveland	OH	Pri 2yr
ANNH & NASNTI	Bacone College	Muskogee	OK	Pri 4yr
ANNH & NASNTI	Carl Albert State College	Poteau	OK	Pub 2yr
ANNH & NASNTI	Connors State College	Warner	OK	Pub 2yr
HBCU	Langston University	Langston	OK	Pub 4yr
HSI	Oklahoma Panhandle State University	Goodwell	OK	Pub 4yr
NASNTI	Community Care College	Tulsa	OK	Pri 2yr
NASNTI	Northeastern Oklahoma A & M College	Miami	OK	Pub 2yr
NASNTI	Northeastern State University	Tahlequah	OK	Pub 4yr
NASNTI	Northern Oklahoma College	Tonkawa	OK	Pub 2yr
NASNTI	Oklahoma State University Institute of Technology - Okmulgee	Okmulgee	OK	Pub 4yr
NASNTI	Redlands Community College	El Reno	OK	Pub 2yr
NASNTI	Rogers State University	Claremore	OK	Pub 4yr
NASNTI	Seminole State College	Seminole	OK	Pub 2yr

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MSI Type	Institution	City	State/Territory	Type
NASNTI	Southeastern Oklahoma State University	Durant	OK	Pub 4yr
TCU	College of the Muscogee Nation	Okmulgee	OK	Pub 2yr
AANAPISI	Pacific University	Forest Grove	OR	Pri 4yr
AANAPISI	Portland State University	Portland	OR	Pub 4yr
HSI	Blue Mountain Community College	Pendleton	OR	Pub 2yr
HSI	Chemeketa Community College	Salem	OR	Pub 2yr
HSI	Columbia Gorge Community College	The Dalles	OR	Pub 2yr
HSI	Treasure Valley Community College	Ontario	OR	Pub 2yr
HSI	Warner Pacific University	Portland	OR	Pri 4yr
AANAPISI	Pennsylvania State University - Penn State Abington	Abington	PA	Pub 4yr
HBCU	Cheyney University of Pennsylvania	Cheyney	PA	Pub 4yr
HBCU	Lincoln University	Lincoln University	PA	Pub 4yr
HSI	Eastern University	Saint Davids	PA	Pri 4yr
HSI	Reading Area Community College	Reading	PA	Pub 2yr
PBI	Community College of Philadelphia	Philadelphia	PA	Pub 2yr
PBI	Peirce College	Philadelphia	PA	Pri 4yr
HSI	American University of Puerto Rico	Bayamon	PR	Pri 4yr
HSI	Atenas College	Manati	PR	Pri 4yr
HSI	Atlantic University College	Guaynabo	PR	Pri 4yr
HSI	Caribbean University	Bayamon	PR	Pri 4yr
HSI	Caribbean University	Carolina	PR	Pri 4yr
HSI	Caribbean University	Ponce	PR	Pri 4yr
HSI	Caribbean University	Vega Baja	PR	Pri 4yr
HSI	Carlos Albizu University	San Juan	PR	Pri 4yr
HSI	Colegio Universitario de San Juan	San Juan	PR	Pub 4yr
HSI	Commonwealth of Puerto Rico Department of Education	San Juan	PR	Pub 2yr
HSI	Dewey University	Mayaguez	PR	Pri 2yr
HSI	Dewey University	Manati	PR	Pri 4yr
HSI	Dewey University	Juana Diaz	PR	Pri 4yr
HSI	Dewey University	Hato Rey	PR	Pri 4yr
HSI	Dewey University	Fajardo	PR	Pri 2yr
HSI	Dewey University	Carolina	PR	Pri 4yr
HSI	EDP University of Puerto Rico	San Juan	PR	Pri 4yr

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MSI Type	Institution	City	State/Territory	Type
HSI	EDP University of Puerto Rico Inc - San Sebastian	San Sebastian	PR	Pri 4yr
HSI	Humacao Community College	Humacao	PR	Pri 4yr
HSI	Instituto Tecnologico de Puerto Rico - Recinto de Manati	Manati	PR	Pub 2yr
HSI	Inter American University of Puerto Rico - Aguadilla Campus	Aguadilla	PR	Pri 4yr
HSI	Inter American University of Puerto Rico - Arecibo Campus	Arecibo	PR	Pri 4yr
HSI	Inter American University of Puerto Rico - Barranquitas Campus	Barranquitas	PR	Pri 4yr
HSI	Inter American University of Puerto Rico - Bayamon Campus	Bayamon	PR	Pri 4yr
HSI	Inter American University of Puerto Rico - Fajardo Campus	Fajardo	PR	Pri 4yr
HSI	Inter American University of Puerto Rico - Guayama Campus	Guayama	PR	Pri 4yr
HSI	Inter American University of Puerto Rico - Metropolitan Campus	San Juan	PR	Pri 4yr
HSI	Inter American University of Puerto Rico - Ponce Campus	Mercedita	PR	Pri 4yr
HSI	Inter American University of Puerto Rico San German Campus	San German	PR	Pri 4yr
HSI	Pontifical Catholic University of Puerto Rico (The)	Ponce	PR	Pri 4yr
HSI	Pontifical Catholic University of Puerto Rico (The)	Mayaguez	PR	Pri 4yr
HSI	Pontifical Catholic University of Puerto Rico (The)	Arecibo	PR	Pri 4yr
HSI	San Juan Bautista School of Medicine	Caguas	PR	Pri 4yr
HSI	Trinity College of Puerto Rico	Ponce	PR	Pri 2yr
HSI	Universal Technology College of Puerto Rico	Aguadilla	PR	Pri 4yr
HSI	Universidad Adventista De Las Antillas	Mayaguez	PR	Pri 4yr
HSI	Universidad Ana G. Mendez - Gurabo Campus	Gurabo	PR	Pri 4yr
HSI	Universidad Ana G. Mendez, Carolina Campus	Carolina	PR	Pri 4yr
HSI	Universidad Ana G. Mendez, Cupey Campus	San Juan	PR	Pri 4yr
HSI	Universidad Central de Bayamon	Bayamón	PR	Pri 4yr
HSI	Universidad del Sagrado Corazón	Santurce	PR	Pri 4yr
HSI	Universidad Politécnica de Puerto Rico	Hato Rey	PR	Pri 4yr
HSI	University of Puerto Rico - Arecibo	Arecibo	PR	Pub 4yr
HSI	University of Puerto Rico - Cayey University College	Cayey	PR	Pub 4yr
HSI	University of Puerto Rico - Humacao University College	Humacao	PR	Pub 4yr
HSI	University of Puerto Rico - Mayaguez	Mayaguez	PR	Pub 4yr
HSI	University of Puerto Rico - Medical Science Campus	San Juan	PR	Pub 4yr
HSI	University of Puerto Rico - Rio Piedras Campus	San Juan	PR	Pub 4yr
HSI	University of Puerto Rico, Aguadilla Regional College	Aguadilla	PR	Pub 4yr
HBCU	Allen University	Columbia	SC	Pri 4yr

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MSI Type	Institution	City	State/Territory	Type
HBCU	Benedict College	Columbia	SC	Pri 4yr
HBCU	Claflin University	Orangeburg	SC	Pri 4yr
HBCU	Clinton College	Rock Hill	SC	Pri 4yr
HBCU	Denmark Technical College	Denmark	SC	Pub 2yr
HBCU	Morris College	Sumter	SC	Pri 4yr
HBCU	South Carolina State University	Orangeburg	SC	Pub 4yr
HBCU	Voorhees College	Denmark	SC	Pri 4yr
PBI	Central Carolina Technical College	Sumter	SC	Pub 2yr
PBI	Florence - Darlington Technical College	Florence	SC	Pub 2yr
PBI	Limestone College	Gaffney	SC	Pri 4yr
PBI	Northeastern Technical College	Cheraw	SC	Pub 2yr
PBI	Orangeburg - Calhoun Technical College	Orangeburg	SC	Pub 2yr
PBI	Williamsburg Technical College	Kingstree	SC	Pub 2yr
NASNTI	Western Dakota Technical Institute	Rapid City	SD	Pub 2yr
TCU	Oglala Lakota College	Kyle	SD	Pub 4yr
TCU	Sinte Gleska University	Mission	SD	Pri 4yr
TCU	Sisseton Wahpeton College	Sisseton	SD	Pub 2yr
HBCU	American Baptist Theological Seminary	Nashville	TN	Pri 4yr
HBCU	Fisk University	Nashville	TN	Pri 4yr
HBCU	Lane College	Jackson	TN	Pri 4yr
HBCU	LeMoyne - Owen College	Memphis	TN	Pri 4yr
HBCU	Tennessee State University	Nashville	TN	Pub 4yr
PBI	Baptist Memorial College of Health Sciences	Memphis	TN	Pri 4yr
PBI	Remington College - Memphis Campus	Memphis	TN	Pri 4yr
PBI	Southwest Tennessee Community College	Memphis	TN	Pub 2yr
AANAPISI & HSI	Brookhaven College	Farmers Branch	TX	Pub 2yr
AANAPISI & HSI	Houston Community College	Houston	TX	Pub 2yr
AANAPISI & HSI	North Lake College	Irving	TX	Pub 2yr
AANAPISI & HSI	Richland College	Dallas	TX	Pub 2yr
AANAPISI & HSI	University of Houston	Houston	TX	Pub 4yr
AANAPISI & HSI	University of Saint Thomas	Houston	TX	Pri 4yr
AANAPISI & HSI	Wharton County Junior College	Wharton	TX	Pub 2yr
HBCU	Huston - Tillotson University	Austin	TX	Pri 4yr

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HBCU	Jarvis Christian College	Hawkins	TX	Pri 4yr
HBCU	Paul Quinn College	Dallas	TX	Pri 4yr
HBCU	Prairie View Agricultural & Mechanical University	Prairie View	TX	Pub 4yr
HBCU	Saint Philip's College	San Antonio	TX	Pub 2yr
HBCU	Southwestern Christian College	Terrell	TX	Pri 4yr
HBCU	Texas College	Tyler	TX	Pri 4yr
HBCU	Texas Southern University	Houston	TX	Pub 4yr
HBCU	Wiley College	Marshall	TX	Pri 4yr
HSI	Altierus Career College - Arlington	Arlington	TX	Pri 2yr
HSI	Altierus Career College - Fort Worth South	Ft Worth	TX	Pri 2yr
HSI	Alvin Community College	Alvin	TX	Pub 2yr
HSI	Amarillo College	Amarillo	TX	Pub 2yr
HSI	Angelina College	Lufkin	TX	Pub 2yr
HSI	Angelo State University	San Angelo	TX	Pub 4yr
HSI	Austin Community College	Austin	TX	Pub 2yr
HSI	Brazosport College	Lake Jackson	TX	Pub 4yr
HSI	Cisco College	Cisco	TX	Pub 2yr
HSI	Clarendon College	Clarendon	TX	Pub 2yr
HSI	Coastal Bend College	Beeville	TX	Pub 2yr
HSI	College of the Mainland	Texas City	TX	Pub 2yr
HSI	Concordia University Texas	Austin	TX	Pri 4yr
HSI	Del Mar College	Corpus Christi	TX	Pub 2yr
HSI	Eastfield College	Mesquite	TX	Pub 2yr
HSI	El Centro College	Dallas	TX	Pub 2yr
HSI	El Paso Community College	El Paso	TX	Pub 2yr
HSI	Frank Phillips College	Borger	TX	Pub 2yr
HSI	Galveston College	Galveston	TX	Pub 2yr
HSI	Hallmark University	San Antonio	TX	Pri 4yr
HSI	Houston Baptist University	Houston	TX	Pri 4yr
HSI	Howard County Junior College District	Big Spring	TX	Pub 2yr
HSI	Jacksonville College	Jacksonville	TX	Pri 2yr
HSI	Lamar State College - Port Arthur	Port Arthur	TX	Pub 2yr
HSI	Laredo College	Laredo	TX	Pub 2yr

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HSI	Lee College	Baytown	TX	Pub 2yr
HSI	Lone Star College System	The Woodlands	TX	Pub 2yr
HSI	McLennan Community College	Waco	TX	Pub 2yr
HSI	McMurry University	Abilene	TX	Pri 4yr
HSI	Mountain View College	Dallas	TX	Pub 2yr
HSI	Northeast Texas Community College	Mount Pleasant	TX	Pub 2yr
HSI	Northwest Vista College	San Antonio	TX	Pub 2yr
HSI	Odessa College	Odessa	TX	Pub 2yr
HSI	Our Lady of The Lake University	San Antonio	TX	Pri 4yr
HSI	Palo Alto College	San Antonio	TX	Pub 2yr
HSI	Remington College	Garland	TX	Pri 4yr
HSI	Remington College - Fort Worth Campus	Fort Worth	TX	Pri 4yr
HSI	Remington College - Houston Southeast Campus	Webster	TX	Pri 2yr
HSI	San Antonio College	San Antonio	TX	Pub 2yr
HSI	San Jacinto Community College District	Pasadena	TX	Pub 2yr
HSI	Schreiner University	Kerrville	TX	Pri 4yr
HSI	South Plains College	Levelland	TX	Pub 2yr
HSI	South Texas College	McAllen	TX	Pub 4yr
HSI	Southwest Texas Junior College	Uvalde	TX	Pub 2yr
HSI	Southwestern Adventist University	Keene	TX	Pri 4yr
HSI	St. Edward's University	Austin	TX	Pri 4yr
HSI	St. Mary's University	San Antonio	TX	Pri 4yr
HSI	Sul Ross State University	Alpine	TX	Pub 4yr
HSI	Tarrant County College District	Fort Worth	TX	Pub 2yr
HSI	Temple College	Temple	TX	Pub 2yr
HSI	Texas A&M International University	Laredo	TX	Pub 4yr
HSI	Texas A&M University - Corpus Christi	Corpus Christi	TX	Pub 4yr
HSI	Texas A&M University - Kingsville	Kingsville	TX	Pub 4yr
HSI	Texas A&M University - San Antonio	San Antonio	TX	Pub 4yr
HSI	Texas Lutheran University	Seguin	TX	Pri 4yr
HSI	Texas Southmost College	Brownsville	TX	Pub 2yr
HSI	Texas State Technical College	Waco	TX	Pub 2yr
HSI	Texas State University	San Marcos	TX	Pub 4yr

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HSI	Texas Tech University	Lubbock	TX	Pub 4yr
HSI	Texas Wesleyan University	Fort Worth	TX	Pri 4yr
HSI	Texas Woman's University	Denton	TX	Pub 4yr
HSI	University of Houston - Clear Lake	Houston	TX	Pub 4yr
HSI	University of Houston - Downtown	Houston	TX	Pub 4yr
HSI	University of Houston - Victoria	Victoria	TX	Pub 4yr
HSI	University of North Texas at Dallas	Dallas	TX	Pub 4yr
HSI	University of Texas - Rio Grande Valley	Edinburg	TX	Pub 4yr
HSI	University of Texas at Arlington	Arlington	TX	Pub 4yr
HSI	University of Texas at El Paso	El Paso	TX	Pub 4yr
HSI	University of Texas at San Antonio	San Antonio	TX	Pub 4yr
HSI	University of Texas Health Science Center at San Antonio	San Antonio	TX	Pub 4yr
HSI	University of Texas of the Permian Basin	Odessa	TX	Pub 4yr
HSI	University of the Incarnate Word	San Antonio	TX	Pri 4yr
HSI	Vernon College	Vernon	TX	Pub 2yr
HSI	Victoria College	Victoria	TX	Pub 2yr
HSI	Western Texas College	Snyder	TX	Pub 2yr
HSI & PBI	Altierus Career College - Bissonnet	Houston	TX	Pri 2yr
HSI & PBI	Cedar Valley College	Lancaster	TX	Pub 2yr
HSI & PBI	Remington College-North Houston Campus	Houston	TX	Pri 4yr
PBI	Dallas Nursing Institute	Dallas	TX	Pri 4yr
AANAPISI	Northern Virginia Community College	Annandale	VA	Pub 2yr
HBCU	Hampton University	Hampton	VA	Pri 4yr
HBCU	Norfolk State University	Norfolk	VA	Pub 4yr
HBCU	Virginia State University	Petersburg	VA	Pub 4yr
HBCU	Virginia Union University	Richmond	VA	Pri 4yr
HBCU	Virginia University of Lynchburg	Lynchburg	VA	Pri 4yr
HBCU	University of the Virgin Islands	Charlotte Amalie	VI	Pub 4yr
AANAPISI	Bastyr University	Kenmore	WA	Pri 4yr
AANAPISI	Bellevue College	Bellevue	WA	Pub 4yr
AANAPISI	Edmonds Community College	Lynnwood	WA	Pub 4yr
AANAPISI	Green River College	Auburn	WA	Pub 4yr
AANAPISI	Highline College	Des Moines	WA	Pub 4yr

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AANAPISI	Lake Washington Institute of Technology	Kirkland	WA	Pub 4yr
AANAPISI	Pierce College	Lakewood	WA	Pub 4yr
AANAPISI	Saint Martin's University	Lacey	WA	Pri 4yr
AANAPISI	Seattle Central College	Seattle	WA	Pub 4yr
AANAPISI	Shoreline Community College	Shoreline	WA	Pub 2yr
AANAPISI	University of Washington - Seattle	Bothell	WA	Pub 4yr
AANAPISI	University of Washington - Tacoma Campus	Tacoma	WA	Pub 4yr
HSI	Big Bend Community College	Moses Lake	WA	Pub 2yr
HSI	Columbia Basin College	Pasco	WA	Pub 4yr
HSI	Heritage University	Toppenish	WA	Pri 4yr
HSI	Perry Technical Institute	Yakima	WA	Pri 2yr
HSI	Wenatchee Valley College	Wenatchee	WA	Pub 4yr
HSI	Yakima Valley College	Yakima	WA	Pub 4yr
TCU	Northwest Indian College	Bellingham	WA	Pub 4yr
ANNH & NASNTI	East - West University	Keshena	WI	Pri 4yr
HSI	Alverno College	Milwaukee	WI	Pri 4yr
TCU	College of Menominee Nation	Keshena	WI	Pri 4yr
TCU	Lac Courte Oreilles Ojibwa Community College	Hayward	WI	Pub 2yr
HBCU	Bluefield State College	Bluefield	WV	Pub 4yr
HBCU	West Virginia State University	Institute	WV	Pub 4yr